

990EF	EF Transmission Status (Keep for your records)	2022
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Name(s) as shown on return ON STAGE VACAVILLE	EIN number 68-0426132
---------------------------------------------------------	---------------------------------

The following will be transmitted to the IRS.

990 990-T Amended 990 Amended 990-T

8868 4720 FinCEN 114

The following state returns will be transmitted:

The following returns have been suppressed or are not eligible and will NOT be transmitted.

CA199

EF Notes

Federal return has a MESSAGE PAGE.
T already accepted by state.

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return ON STAGE VACAVILLE		Employer Identification Number **-***6132
<p>Entity address</p> <p><u>1010 Helen Power Dr Ste A PMB 1075</u></p> <p><u>Vacaville, CA 95687</u></p> <p>Thank you for participating in IRS e-file.</p> <p>■ <u>990 Federal</u></p> <p>1. 2022 income tax return for was filed electronically. <u>Dolores Conroy</u> The electronic filing services were provided by .</p> <p>■ <u>990 10-02-2023</u></p> <p>2. income tax return was accepted on using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. <u>6821072023275gywksts</u> The submission ID assigned to this return is .</p> <p style="text-align: center;">PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</p>		

Return of Organization Exempt From Income Tax **2022 990** Under section 501(c),

Form

527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury

and the latest information.

Internal Revenue Service

Go to www.irs.gov/Form990 for instructions

Inspection

07-01 06-30 23

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

ON STAGE VACAVILLE

B

Check if applicable: Name of organization

C D Employer identification number

Address change Doing business as

68-0426132

Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number **E**

Initial return

1010 Helen Power Dr Ste A PMB 1075 (707) 446-0758

Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts

Vacaville, CA 95687 217,822 Amended return \$

G

Application pending Name and address of principal officer:

H(b) Yes No
Are all subordinates included?

I
F H(a) Yes No Is this a group return for subordinates?

Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions N/A

J Website: **H(c)**

Group exemption number

L Year of formation: 2016

K M Form of organization: Corporation Trust Association Other State of legal domicile:

509 (a) CA

Part
I

Briefly describe the organization's mission or most significant activities:

1 Summary

Supporting Performing Arts

Activities & Governance

Our purpose is to support the Vacaville and Solano County Performing Arts Community Music, arts, , theater production arts , etc

2

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

5
33

Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b

8 Contributions and grants (Part VIII, line 1h)	
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	

Professional fundraising fees (Part IX, column (A), line 11e)

b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>0</u>	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>0</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>15</u>	
20	Total assets (Part X, line 16)	<u>0</u>	Beginning of Current Year
		<u>0</u>	Current Year

Part II

Revenue

0
0
0

Expenses

Signature Block

217,822

162,036
162,036
55,786

Fund Balances

0

End of Year
56,907

Net Assets of

0

1,121
55,786

0

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.

Lisa Hilas 10-02-2023 Sign

Signature of officer Date **Here**

Lisa Hilas, President

Type or print name and title

Paid Preparer Use Only

Firm's name Dolores Conroy P01497381		Firm E
Firm's address 854 Fall River Trail		Phon
Print/Type preparer's name Dolores J Conroy	Preparer's signature Vacaville CA 95687	Check if self-employed
	10-02-2023	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? See instructions **Yes No** Form 990 (2022)

707-448-6603

ON STAGE VACAVILLE 68-0426132 Form 990 (2022) Page 2

contains a response or note to any line in this Part III

Part III

Statement of Program Service Accomplishments Check if Schedule O

1

Briefly describe the organization's mission:

Supporting Performing Arts

Our purpose is to support the Vacaville and Solano County Performing Arts Community

Music, arts, , theater production arts , etc

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 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 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 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.

162,036 217,822

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) Our purpose is to support the Vacaville and Solano County Performing Arts Community Music, arts, , theater production arts , etc

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e expenses
Total program service 162,036

Part IV

	Yes
1	x
2	

No

3	
4	
5	
6	
7	
8	
9	
10	
11 a	
11 b	
11 c	
11 d	
11 e	

11 f	
12 a	x
12 b	x
13	
14 a	
14 b	
15	
16	
17	
18	
19	
20 a	
20 b	
21	

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 **x**

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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 **x**

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 **x**

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III **x**

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . **x**

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

.....
X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **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 **X**
.....

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V **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 as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI **X**
.....

b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII **X**

c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII **X**

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX **X**

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X **X**

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X **X**

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X**
14a Did the organization maintain an office, employees, or agents outside of the United States? **X**

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV **X**

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV **X**

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

.....
X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions **X**

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II **X**

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III **X**
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **X**

20 a

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

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

Part IV

Checklist of Required Schedules (continued)

	Ye s
22	
23	
24 a	
24 b	
24 c	
24 d	
25 a	
25 b	
26	

27	
28 a	
28 b	
28 c	
29	
30	
31	
32	
33	
34	
35 a	
35 b	
36	

37	
38	X

No

- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on **X**
 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 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 **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 **X**
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- d**
- 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 **X**
- 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 **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 or any of these persons? If "Yes," complete Schedule L, Part II **X**
- 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 **X**
- 28** Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):
- a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV **b** **X**
- b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV **X**
- c** A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV **29** **X**
- Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30**

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

X

conservation contributions? If "Yes," complete Schedule M

X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35a

b R, Part V, line 2. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

X

related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O

Part V

IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Table with 2 columns: Yes/No, 1c. Contains 'X' under 'No' and '1c' in the bottom left cell.

No

Statements Regarding Other

0

1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Table with 2 columns: 1b, 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Main table with 5 columns: Part V, Statements Regarding Other IRS Filings and Tax Compliance (continued), Yes, 2a, 0, 2b, X

b	at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . .	.	.....
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	.	.....	3a	
b	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule . . . . .	.	.....	3b	
4a	any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	.	.....	4a	
b 5a	Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	.	.....	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	.	.....	5b	
c	Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	.	.....	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	.	.....	6a	
b	Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible? . . . . .	.	.....	6b	
7a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	.	.....	7a	
b	Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	.	.....	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	.	.....	7c	
d e	Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7d	.....	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	.	.....	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 990-BI?	.	.....	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 990-C?	.	.....	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	.	.....	8	

		.			
9a	Sponsoring organizations maintaining donor advised funds. 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? . . . . .	.	.....	9b	
10a	Section 501(c)(7) organizations. Enter: Contribution fees and capital contributions included on Part VIII, line 12	10a	.....	12a	
10b		10b			
11a	Loss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	11a			
11b		11b			
12a	Loss income from members or shareholders Loss income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 411? . . . . .	.		
13a	Yes, " enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12b	.....	13a	
Note b	See the instructions for additional information the organization must report on Schedule O. 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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	.	.....	14a	
b	Yes, " has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule . . . . .	.	.....	14b	
15l	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	.	.....	15	
16	Yes, " see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	.	.....	16	
17	Yes, " complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .	.	.....	17	
	Yes, " complete Form 6069.				

X

X

X

X

X

X

X

X

Part VI

Governance, Management, and

Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Ye s
--	---------

.....

2	
3	
4	
5	
6	

7a	
7b	
8a	X
8b	X
9	

No

.....

5

1a 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.

1b	0
----	---

b Enter the number of voting members included in line 1a, above, who are independent
.....

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? **X**

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? **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **X**

6 Did the organization have members or stockholders? **X**

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? **X**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at
.....

the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

X

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

	Ye
--	----

	s
10a	

10 b	
11 a	
12 a	
12 b	
12 c	
13	
14	

15 a	
15 b	
16 a	
16 b	

No

10a
 Did the organization have local chapters, branches, or affiliates? .. **X**

b organization's exempt purposes?
 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the

...

X

11a
 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b**
 Describe on 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 **X**
 line 13

..

b
 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **c**
 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"
 describe on Schedule O how this was done

13 Did the organization have a written document retention and destruction
 Did the organization have a written whistleblower policy? policy?
 **X**

X

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?
a **b**
 The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization
 **X** **X**

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a
 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . **X**

b
 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such
 arrangements? **Section C. Disclosure**

List the states with which a copy of this Form 990 is required to be filed
California

17
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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O) **19**
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Lisa Hilas (707) 471-8770, 1010 Helen Power Dr Ste A PMB 1075, Vacaville, CA 95687

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 the instructions for definition of "key employee." • List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)
	or director, individual trustee	Officer	Key employee	Former officer	Former director or trustee	Former trustee		
<u>10.00</u>		<input checked="" type="checkbox"/>					0	0
<u>10.00</u>		<input checked="" type="checkbox"/>					0	0
<u>20.00</u>		<input checked="" type="checkbox"/>					0	0

Name and title Estimated amount of other

(A) (F)

compensation from the organization and related organizations

(1) Nancy Bennett

(2) Fallon
Sandi

(3) Hilas
Lisa

President 0 (4)

Secretary/Treasurer 0

Vice President 0

(5)

(6)

(7)

(8)

(9)

(10)

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c) 0

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

No

reportable compensation from the organization

0

	Ye s
--	---------

3	
4	
5	

3

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

X

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

X

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

X

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services

(A) (C)

Name and business address Compensation

2

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

Form 990 (2022)

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



Statement of Revenue

.....

5 Royalties
 6a Gross rents
 b Less: rental expenses

c or (loss)
 d Gross amount from
 7a b sales of assets other than inventory
 Rental income or (loss) Net rental income
 Less: cost or other basis

Other Revenue and sales expenses

c Gain or (loss)
 d Net gain or (loss)

8a reported on Gross income from fundraising events (not including \$ of contributions)
 b reported on line 1c). See Part IV, line 18
 Less: direct expenses

c eventsGross income from gaming
 9a Net income or (loss) from fundraising activities, See Part IV, line 19

b or (loss) from gaming
 Less: direct expenses

c sales of inventory,
 10a Net income less

returns and allowances
 b Less: cost of goods sold

c Revenue
 11a Miscellaneous Net income or (loss) from sales of inventory revenue

All other

12 EEA Total. Add lines 11a-11d Total revenue. See 0 instructions Form 990 (2022)

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Form 990 (2022) Page 10

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

(A) Total expenses	(B) Program service expenses	(C) Management and general expenses				

							3,082	3,082		
			17,583	17,583						
			3,710	3,710			104,303	104,303		
							13,993	13,993		
							240	240		
							115	115		
							12,844	12,844		
4,956	4,956						162,036	162,036		
			710	710						
500	500									
						(D) Fundraising expenses				

1 Grants and other assistance to domestic organizations and domestic governments. organizations, foreign
See Part IV, line 21 **2** governments, and foreign
Grants and other assistance to individuals. See Part IV, lines
domestic 15 and 16
. . . .

individuals. See Part IV, line
22 **4**
. Benefits paid to or for
3 members
Grants and other assistance to
foreign

5 Compensation of current officers, directors,
trustees, and key
employees

6 Compensation not included above to
disqualified persons (as defined under section
4958(f)(1)) and
persons described in section 401(k) and 403(b)
section 4958(c)(3)(B) employer contributions)
.

7 Other salaries and wages . .
. **9** Other employee benefits

8 Pension plan accruals and
contributions (include

10
Payroll taxes

11 (nonemployees):
Fees for services

a	d
Management	Lobbying
.
c . . . . .	. . . . .
Accounting . . . . .	. . . . .

b
Legal
.

e Professional fundraising services. See Part IV, line 17
 f
 Investment management fees
 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)

12	14	16
Advertising and promotion	Information technology	Occupancy
.....
..	....	17
13	15	Travel
Office expenses	Royalties	.....
.....
18	public officials	
Payments of travel or entertainment expenses for any federal, state, or local		
19	..... depletion, and amortization	
Conferences, conventions, and meetings	21	Payments to affiliates
.....	.....	23
20	..... Insurance	
Interest	22	.....
.....	Depreciation,	.....

24 expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) **SHOW**

a combined educational campaign and fundraising solicitation. Check here if

a **EXPENSES**
 b **EVENT EXPENSES**
 c **SOFTWARE LICENSE**
 d **BANK CHARGES**
 e All other expenses
25 **Total functional expenses.** Add lines 1 through 24e **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from

0

following SOP 98-2 (ASC 958-720)

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 EEA

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note to any line in this Part X

Part X

Balance Sheet

Check if Schedule O contains a response or

			4 Accounts receivable, net				
			(A)				
			Beginning of year				
1 Cash - non-interest-bearing			5 Loans and other receivables from any current or former director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of these persons				
2 Savings and temporary cash investments			6 Loans and other receivables from other disqualified persons defined under section 4958(f)(1), and persons described in 4958(d)(3)(B)	2			
3 Pledges and grants receivable, net			7 Notes and loans receivable, net	3			

			26			
8 Inventories for sale or use				Total liabilities. Add lines 17 through 25		
				Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
9 Prepaid expenses and deferred charges			27	Net assets without donor restrictions	9	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a		28	Net assets with donor restrictions	10 c	
b Less: accumulated depreciation	10 b			Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		
11 Investments - publicly traded securities			29	Capital stock or trust principal, or current funds	11	
			30	Paid-in or capital surplus, or land, building, or equipment fund		
12 Investments - other securities. See Part IV, line 11			31	Retained earnings, endowment, accumulated income, or other funds	12	
			32			
13 Investments - program-related. See Part IV, line 11				Total net assets or fund balances	13	
			33	Total liabilities and net assets/fund balances		
14 Intangible assets					14	
				Assets		
15 Other assets. See Part IV, line 11					15	
16 Total assets. Add lines 1 through 15 (must equal line 33)					0 16	
17					17	
Accounts payable and accrued expenses					18	
18					19	
Grants payable					20	
19					21	
Deferred revenue				Liabilities	22	
20					23	
Tax-exempt bond liabilities					24	
21					25	
Escrow or custodial account liability. Complete Part IV of Schedule D					26	
22						
Loans and other 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				Net Assets or Fund Balances		
23				(B)		
Secured mortgages and notes payable to unrelated third parties				End of year . . .		
				56,907		
24						
Unsecured notes and loans payable to unrelated third parties					0 26	
25						
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						

55,786
55,786
56,907

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response

1	1	5	9
Total revenue (must equal Part VIII, column (A), line 12) 2			
Total expenses (must equal Part IX, column (A), line 25)	2	6	10
.....	3	7	
.....	4	8	
.....			<u>217,822</u> <u>162,036</u>
3			
Revenue less expenses. Subtract line 2 from line 1 <u>55,786</u>			
4			
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	7		
.....	Investment expenses		
5	8		
Net unrealized gains (losses) on investments	Prior period adjustments		
.....		
6			
Donated services and use of facilities	.....	
.....		
9	(explain on Schedule O)	<u>0</u>	
Other changes in net assets or fund balances	.....	
10			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<u>55,786</u>		

this Part XII

Part XII

1 Financial Statements and Reporting

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

	Ye s
2a	x

2b	x
2c	x

3a	
3b	

No

Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a

Were the organization's financial statements compiled or reviewed by an independent accountant?

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?

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:

Separate basis Consolidated basis Both consolidated and separate basis **c**

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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **X**

b to undergo such audits
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken

EEA Form 990 (2022)
OMB No. 1545-0047

Public Charity Status and Public Support 2022

(Form 990)

SCHEDULE A

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

Department of the Treasury Internal Revenue Service **Go to www.irs.gov/Form990 for instructions and the latest information.** **Open to Public Inspection**

Attach to Form 990 or Form 990-EZ.
Name of the organization Employer identification number **ON STAGE VACAVILLE 68-0426132**

Part I

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1
- 2
- 3
- 4 **e**
A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 5 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 6 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 7 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:
- 8
- 9 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.)
- 10 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 11 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.)
- 12 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- a 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 university:
- b
- c 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.)
- d An organization organized and operated exclusively to test for public

safety. See **section 509(a)(4)**. 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.

f
Enter the number of supported organizations
.....
.....

g
Provide the following information about the supported organization(s).

(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
		Yes	No	

(i) Name of supported organization (vi) Amount of other support (see instructions)

- (A)
- (B)
- (C)
- (D)
- (E)

Total
For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule A (Form 990) 2022 or 990-EZ. EEA

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022				

(f) Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") **2** Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge **4** Total. Add lines 1 through 3

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 Public support. Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
							12	

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 of capital assets
 10 (Explain in Part VI.)
 Other income. Do

11 **Total support.** Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage 14

14
15

Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) %

15 Public support percentage from 2021 Schedule A, Part II, line 14 % **16a**
33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b
33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b
10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022

EEA

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022					
19,152	8,518	3,211	3,378	217,822					
			34,596	12,268	3,211	3,378	217,822		

(f) Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise

sold or services performed, or facilities furnished in any activity that is related to the

252,081

2 exempt purpose
.....

organization's tax-

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 **19,194**

5 The value of services or facilities furnished by a governmental unit to the organization without charge **6**

271,275

Total. Add lines 1 through 5

7a on lines 1, 2, and 3
Amounts included

received from disqualified persons **b**

Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c and 7b
Add lines 7a

8 **Public support.** (Subtract line 7c from line 6.)
.....
.....

271,275

Section B. Total Support
Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
34,596	12,268	3,211	3,378	217,822

			34,596	12,268	3,211

(f) Total

271,275

9
Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses

acquired after June 30, 1975 Net income from unrelated business activities not included on line 10b, whether

c Add lines 10a and 10b or not the business is regularly carried on

11 12 Other income. Do not include gain or

loss from the sale of capital assets (Explain in Part VI.)
 and 12.) 271,275

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..

Section C. Computation of Public Support Percentage 15

15
16

Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) % 100.00

16 Public support percentage from 2021 Schedule A, Part III, line 15 % 100.00

Section D. Computation of Investment Income Percentage ...

18

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) % 0.00

18 Investment income percentage from **2021** Schedule A, Part III, line 17 % 0.00

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Ye s
1	
2	
3a	

3b	
3c	
4a	
4b	
4c	
5a	
5b	
5c	
6	
7	
8	
9a	
9b	
9c	
10 a	
10 b	

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 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).

8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a

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

b

Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b

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

Part IV

11 a	
11 b	
11 c	

Supporting Organizations (continued)

	Ye s
--	---------

No

11

Has the organization accepted a gift or contribution from any of the following persons? **a**

A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

A family member of a person described on line 11a above?

b

A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,

c

provide detail in **Part VI**.

Section B. Type I Supporting Organizations

	Ye s
1	
2	

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. **2**

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

Section C. Type II Supporting Organizations

	Ye s
1	

1

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

	Ye s
1	
2	
3	

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? **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). **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.

Section E. Type III Functionally Integrated Supporting Organizations

1

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**). **a**

The organization satisfied the Activities Test. Complete **line 2** below.

b

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 government entity (see instructions).

	Ye s
2a	
2b	

3a	
3b	

2 No Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

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

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

Part V

1
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year			6
1		1 a		7
2		1 b		8
3		1 c		1
4		1 d		2
5				3
6		2		4
7		3		5
8		4		6
	(A) Prior Year	5	(B) Current Year (optional)	

Net short-term capital gain

2

Recoveries of prior-year distributions

3

Other gross income (see instructions)

4

Add lines 1 through 3.

5

Depreciation and depletion

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)

7

Other expenses (see instructions)

8

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

(B) Current Year (optional)

Section B - Minimum Asset Amount

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

b

Average monthly cash balances

c

Fair market value of other non-exempt-use assets

d

Total (add lines 1a, 1b, and 1c)

e

Discount claimed for blockage or other factors (explain in detail in **Part VI**):

2

Acquisition indebtedness applicable to non-exempt-use

assets

Subtract line 2 from line 1d.

4

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

5

Net value of non-exempt-use assets (subtract line 4 from line

3)

Multiply line 5 by 0.035.

7

Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6)

Current Year

Section C - Distributable Amount

1

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

2

Enter 0.85 of line 1.

3

Minimum asset amount for prior year (from Section B, line 8, column A)

4

Enter greater of line 2 or line 3.

5

Income tax imposed in prior year

6

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7

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

**Type III Non-Functionally Integrated 509(a)(3)
Supporting Organizations** (continued)

Section D - Distributions Current Year

1
2

3
4
5
6
7
8

9
10

		1
		2
		3
		4
provide details in Pa)		5
		6
		7
		8
		9
		10
(i) Excess Distributions	(ii) Underdistributi ons Pre-2022	

(iii)

Amounts paid to supported organizations to accomplish
exempt purposes
Amounts paid to perform activity that directly furthers
exempt purposes of supported organizations, in excess

of income from activity
Administrative expenses paid to accomplish exempt purposes of supported organizations
Amounts paid to acquire exempt-use assets

Qualified set-aside amounts (prior IRS approval required) -

Other distributions (describe in Part VI). See instructions. Section E - Distribution Allocations (see instructions)

Total annual distributions. Add lines 1 through 6.
Distributions to attentive supported organizations to

which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6
Line 8 amount divided by line 9 amount

Distributable Amount for 2022

1 Distributable amount for 2022 from Section C, line

6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.

3 Excess distributions carryover, if any, to 2022

a b c d e	From	.
	2020	.....
	From	.
	2021	.....
	2018	.....
	From	.
	2019	.....

f Total of lines 3a through 3e

g Applied to underdistributions of prior years

h Applied to 2022 distributable amount

i Carryover from 2017 not applied (see instructions) **j**
Remainder. Subtract lines 3g, 3h, and 3i from line

3f. 4 Distributions for 2022 from Section D, line 7: \$

a Applied to underdistributions of prior years

b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line

4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. **6**

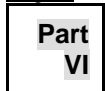
Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

7 Excess distributions carryover to 2023. Add lines 3j and 4c.

8 Breakdown of line 7:
Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022

.....
.....

Schedule A (Form 990) 2022



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 D (Form 990)

Statements

and the latest information.

Department of the Treasury Internal Revenue Service

Supplemental Financial

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.

OMB No. 1545-0047 **2022**

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions

Name of the organization Employer identification number ON STAGE VACAVILLE 68-0426132

answered "Yes" on Form 990, Part IV, line 6.

Part I

(a) Donor advised funds
(b) Funds and other accounts

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization

- 1 Total number at end of year from (during year) Aggregate value of grants from (during year)

.....
- 2 Aggregate value of contributions to (during year)

.....
- 3
- 4 Aggregate value at end of year

.....
- 5

6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes No**

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a	2a	2c	2d
Total number of conservation easements			
.....	2b		
.....			

Held at the End of the Tax Year

b Total acreage restricted by conservation easements **c** Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes No**
- 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 \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA Schedule D (Form 990) 2022

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 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):

- a d Public exhibition Loan or exchange program **b e**
 Scholarly research Other

c
4

5 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?

Yes No

Preservation for future generations
 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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, 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**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

1c
1d
1e
1f

Amount

c
 Beginning balance **d**
 Additions during the year
e
 Distributions during the year
f
 Ending balance

2a Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b
 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
-------------------------	-----------------------	---------------------------	-----------------------------	----------------------------

1a
 Beginning of year balance **b**
 Contributions
c Net investment earnings, gains, and losses

d scholarships
 Grants or
e Other expenditures for facilities and programs Administrative expenses

f
g balance
 End of year

2
a
b
c
3a

No
 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 Board designated or quasi-endowment %
 Permanent endowment %
 Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes
3a (i)	

3a (ii)	
3b	

(i) Unrelated organizations
 (ii) Related organizations

b Describe in Part XIII the intended uses of the organization's endowment funds.
 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
Description of property Book value (d)		

1a Buildings
 Land
b
c
 Leasehold improvements
d
 Equipment
e
 Other

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

Schedule D (Form 990) 2022

ON STAGE VACAVILLE 68-0426132

Schedule D (Form 990) 2022 Page

Part VII

Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

(a) (c) Description of security or category Method of valuation: (including name of security) Cost or end-of-year market value

(1) Financial derivatives interests Other
 (2) (3) Closely-held equity

- (A)
- (B)
- (C)
- (D)
- (E)
- (F)
- (G)
- (H)

Total. (Column (b) must equal Form)

Part VIII

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(b) Book value

(a) (c)

Description of investment Method of valuation: Cost or end-of-year market value

.....

Total. (Column (b) must equal Form

Part IX

- (5)
- (6)
- (7)
- (8)
- (9)

Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b)

Description Book value

- (1)
- (2)
- (3)
- (4)

line 15.)

.....

Part X

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability					
	(b) Book value				

(1) Federal income taxes

- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. EEA
Check here if the text of the footnote has been provided in Part XIII **Schedule D (Form 990) 2022**

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2e	4c	<u>217,822</u>
1	3	5	

a 2a Net unrealized gains (losses) on investments

b Donated services and use of facilities	2b	2d
	2c	

c
Recoveries of prior year grants **d**
Other (Describe in Part XIII.)

e
Add lines **2a** through **2d**

3
Subtract line **2e** from line **1** 217,822

4
Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a 4a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)	4b
-----------------------------------------------------	-----------

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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.

1 Total expenses and losses per audited financial statements	2e	3	5
.....		4c	
.....			<u>162,036</u>
1			

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
.....

a 2a Donated services and use of facilities

b Prior year adjustments	2b	2c	2d
.....			

c
Other losses
.....

d
Other (Describe in Part XIII.)
.....

e
Add lines **2a** through **2d**
.....

3 Subtract line 2e from line 1	2e	3	5
.....			
			<u>162,036</u>

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
.....

a 4a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)	4b
.....	

c
.....
5 Add lines **4a** and **4b** 162,036

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EEA
Schedule D (Form 990) 2022

SCHEDULE O
Supplemental Information to

Form 990 or 990-EZ

OMB No. 1545-0047

(Form 990) **2022**

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

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Open to Public

Employer identification number

Attach to Form 990 or Form 990-EZ.

ON STAGE VACAVILLE 68-0426132 01. Form 990 governing body review (Part VI, line 11)

The organization is presented with the 990 for review before the filing of the return. The members go over the return with the preparer of the tax return.

02. Governing documents, etc, available to public (Part VI, line 19) The

organization makes all documents, forms , conflict of interest, and financial

statements available to all organizations and the public upon written request. The

orgaization will make a effort to provide nany request available within 30 days.

or 990-EZ. EEA

Schedule O (Form 990) 2022

IRS e-file Signature Authorization 8879-

TE Form

for a Tax Exempt Entity

07-01 06-30 23

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

OMB No. 1545-0047 **2022**

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

[Go to www.irs.gov/Form8879TE for the latest information.](http://www.irs.gov/Form8879TE) EIN or SSN

ON STAGE VACAVILLE 68-0426132 Name and title of officer or person subject to tax

Lisa Hilas, President

Part I

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

.....

217,822

1a b 1b

Form 990 check here **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)

.....

2a b 2b

Form 990-EZ check here **Total revenue**, if any (Form 990-EZ, line 9)

.....

3a b 3b

Form 1120-POL check here **Total tax** (Form 1120-POL, line 22)

.....

4a b 4b

Form 990-PF check here **Tax based on investment income** (Form 990-PF, Part V, line 5)

.....

5a b 5b

Form 8868 check here **Balance due** (Form 8868, line 3c)

.....

6a b 6b
Form 990-T check here Total tax (Form 990-T, Part III, line 4)

7a b 7b
Form 4720 check here Total tax (Form 4720, Part III, line 1)

8a b 8b
Form 5227 check here FMV of assets at end of tax year (Form 5227, Item D)

9a b 9b
Form 5330 check here Tax due (Form 5330, Part II, line 19)

10a b 10b Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22)

Part II

Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

Dolores Conroy 10223

I authorize to enter my PIN as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Lisa Hilas

Signature of officer or person subject to tax Date
10-02-2023

Part III

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

682107 32286

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

10-02-2023

ERO's signature Date **ERO Must Retain This Form -**

See Instructions

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

EEA

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

Overflow Statement 990 2022

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return FEIN

LINE 24E : OTHER EXPENSES

	Description
	Amount
	DUES ANS
SUBSCRIPTIONS \$	1,489
	INTERNET
	4,087
	LICENSES
	403
	TELEPHONE
	763
	PLAQUES
	682
	PRINTING AND
COPIES	2,211
	TRAINING
	126
	SUPPLIES
3,083	Total: \$ 12,844

California Exempt Organization

TAXABLE YEAR FORM **2022 Annual Information Return 199** 07-01-2022 06-30-2023

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy).

Corporation/Organization name California corporation number ON STAGE VACAVILLE 2212594

Additional information. See instructions. FEIN 68-0426132

Street address (suite or room) PMB no. 1010 HELEN POWER DR STE A PMB 1075

	State CA
Foreign province/state/county	

City Zip code VACAVILLE 95687

Foreign country name Foreign postal code

A I First return Yes No Did the organization have any changes to its guidelines

..... **B** Yes No

Amended return Yes No not reported to the FTB? See instructions

..... **X**

C J IRC Section 4947(a)(1) trust Yes No If exempt under R&TC Section 23701d, has the organization

See instructions Yes No

D Final information return? engaged in political activities?

..... Yes No

Dissolved Surrendered (Withdrawn) Merged/Reorganized Is the organization Enter date: (mm/dd/yyyy)
exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$

K ~~X~~ ~~X~~

E L Is the organization a limited liability company? **F M** Yes No

Check accounting method: (1) Cash (2) Accrual (3) Other

Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) Did the organization file Form 100 or Form 109 to report

G N Yes No

(4) Other 990 series taxable income?

Is this a group filing? See instructions Yes No Is the organization under audit by the IRS or has the IRS Is this organization in a group exemption Yes No audited in a prior year?

..... Yes No

H If "Yes," what is the parent's name? Is federal Form

1023/1024 pending? Date filed with IRS Yes No

form. See General Information B and C.

Part I Complete Part I unless not required to file this

1 Gross sales or receipts from other sources. From Side 2, Part II, line 8

1	
----------	--

2		
3	217,822	00

2 Gross dues and assessments from members and affiliates

00 00

Receipts and **3**

Gross contributions, gifts, grants, and similar amounts

Total gross receipts for filing requirement test. Add line 1 through line 3.

Revenues **4**

This line must be completed. If the result is less than \$50,000, see General Information B	.		4	217,822
5 Cost of goods sold	5		00	

6	Cost or other basis, and sales expenses of assets sold	6		00	
7	Total costs. Add line 5 and line 6 . . . . .	.		7	
8	Total gross income. Subtract line 7 from line 4 . . . . .	.		8	217,822
9	Total expenses and disbursements. From Side 2, Part II, line 18			9	162,036
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	55,786
11	Total payments		11	11	
12	Use tax. See General Information K			12	
13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	
14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	
15	Penalties and interest. See General Information J			15	
16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result			16	

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Expenses
Filing
Fee

Sign Here

Firm's name (or yours,
and address DOLORES CONROY 854 FALL RIVER
if self-employed)

VACAVILLE, CA 95687

Paid Preparer's Use Only

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 taxpayer) is based on all information of which preparer has any knowledge.
Title Date Telephone Signature LISA HILAS PRESIDENT 10/02/2020 707-446-0758
May the preparer discuss this return with the preparer shown above? See instructions Y

Preparer's signature 043	Date 10/02/2020 3651224 23	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01497381
-----------------------------	-------------------------------------	---------------------------------------------------------------	-------------------

Attach reconciliation

21

55,786

Retained earnings or income fund

22 Total liabilities and net worth 56,907

.....

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

Table with 4 columns and 2 rows. Row 1: Net income per books, schedule 8, Deductions in this return not charged against book income this year, Total. Add line 7 and line 8. Row 2: Income recorded on books this year not included in this return. Attach, Attach schedule, Net income per return, Subtract line 9 from line 6.

2 tax Federal income

3 Excess of capital losses over capital gains 4 Income not recorded on books this year. Attach schedule

Attach schedule

6 Total. Add line 1 through line 5 Side 2

Form 199 2022 043 3652224

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE RRF-1 (Rev. 02/2021)

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

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

WEBSITE ADDRESS: www.oag.ca.gov/charities (For Registry Use Only)

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 minimum tax 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.

ON STAGE VACAVILLE

Check if:

Name of Organization Change of address

Amended report List all DBAs and names the organization uses or has used

1010 HELEN POWER DR STE A PMB 1075 CT-115307

A State Charity Registration Number address (Number and Street) VACAVILLE, CA 95687 2212594

City or Town Corporation or Organization No., State, and ZIP Code 707-446-0758

info@onstagevacavill 68-0426132 Telephone Number E-mail Address Federal Employer ID No.

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Total Revenue Fee

Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75

Total Revenue Fee

Between \$250,001 and \$1 million \$100 Between \$1,000,001 and \$5 million \$200 Between \$5,000,001 and \$20 million \$400

Total Revenue Fee

Between \$20,000,001 and \$100 million \$800 Between \$100,000,001 and \$500 million \$1,000 Greater than \$500 million \$1,200

PART A - ACTIVITIES

07-01-22 06-30-23

For your most recent full accounting period (beginning ending) list:

Total Revenue \$

(including noncash contributions)

217,822 56,907

Noncash Contributions \$ Total Assets \$

162,036

Program Expenses \$ Total Expenses \$

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note:

All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page

providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Ye s	N o
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X

X

9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Lisa Hilas

LISA HILAS PRESIDENT 10-02-2023

Signature of Authorized Agent Printed Name Title Date

<u>ON STAGE VACAVILLE</u> Name of Organization <u>1010 HELEN POWER DR STE A PMB</u> <u>1075</u> Address (Number and Street) <u>VACAVILLE, CA 95687</u> City or Town, State and ZIP Code	<u>CT-115307</u> State Charity Registration Number <u>2212594</u> Corporation or Organization No. 68-0426132 Federal Employer I.D. No.
<u>07-01-22 06-30-23</u> For annual accounting period (beginning ending)	

BALANCE SHEET

ASSETS LIABILITIES

Cash \$ 56,907
Savings \$
Investment \$
Land/Buildings \$
Other Assets \$

Accounts Payable \$ 1,121
Salary Payable \$
Other Liabilities \$

TOTAL LIABILITIES \$ 1,121

TOTAL ASSETS \$ 56,907

FUND BALANCE

Total Assets less Total Liabilities \$ 55,786

REVENUE STATEMENT

REVENUE EXPENSES

Cash Contributions \$
Noncash Contributions \$
Program Revenue \$ 217,822
Investments \$
Special Events \$
Other Revenue \$

TOTAL REVENUE \$ 217,822

NET REVENUE

Total Revenue less Total Expenses \$ 55,786

Compensation of Officers/Directors \$
Compensation of Staff \$
Fundraising Expenses \$
Rent \$
Utilities \$
Supplies/Postage \$ 3,710

Insurance \$3,082
Other Expenses \$155,244

TOTAL EXPENSES \$162,036

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

Lisa Hilas LISA HILAS PRESIDENT 10-02-2023 Signature of Authorized Agent Printed Name Title

Date

043

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

California e-file Return Authorization for

Exempt Organizations 2022 8453-EO

TAXABLE YEAR FORM

Exempt Organization name Identifying number ON STAGE VACAVILLE 68-0426132
only)

Part I 217,822
Electronic Return Information (whole dollars)

1 1
Total gross receipts (Form 199, line 4) **3 3** Total expenses and disbursements (Form 199, line 9)

2 2
Total gross income (Form 199, line 8) 217,822 162,036

Electronic funds withdrawal **4a** Amount **4b** Withdrawal date
(mm/dd/yyyy)

Part II 4
Settle Your Account Electronically for Taxable Year 2022

Banking Information (Have you verified the
exempt organization's banking information?)

Part III

5 Routing
number

6 7
Account number Type of account: Checking Savings

**Declaration of
Officer**

Part IV

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Lisa Hilas 10-02-2023
PRESIDENT

Here Part V Return Originator (ERO) and Paid Preparer. See

Signature of officer Date Title **Declaration of Electronic** instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt 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.

ERO's also paid if self

X X P01497381

ERO

signature preparer employed

Must

Firm's FEIN

Sign

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

DOLORES CONROY 61- TRAIL

1625595 854 FALL RIVER

and address ZIP code VACAVILLE , CA 95687

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.

Firm's name (or yours)

Paid

Preparer Must

Sign

Paid Date Check Paid preparer's PTIN preparer's if self

if self-employed) ZIP code and address FTB 8453-EO 2022

signature employed Firm's FEIN

CAOVFLOW	State Supporting Statements	2022 Page 1
Name(s) as shown on return ON STAGE VACAVILLE		SSN/FEIN 68-0426132

LINE 17 OTHER

	Description Amount
	ACCOUNTING 500
	\$ ADVERTISING 17,583
	AND PROMOTION OFFICE 3,710
	EXPENSES CONFERENCES 710
	AND MEETINGS INSURANCE 3,082
	MANAGEMENT 4,956
	SHOW 104,303
	EXPENSES EVENT 13,993
	EXENSES SOFTWARE 240
	LICENSES BANK CHARGES 115
	DUES AND 1,489
	SCRIPTIONS INTERNET 4,087
	LICENSES 403
	TELEPHONE 763
	PLAQUES 682
	PRINTING AND 2,211
	COPIES TRAINING 126
	SUPPLIES
3,083	Total: \$ 162,036

CAOVFLOW.LD

CAEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2022
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Name(s) as shown on return

ON STAGE VACAVILLE

Identification Number

* * - * * * 6132

Address

1010 Helen Power Dr Ste A PMB 1075
Vacaville, CA 95687

Thank you for participating in IRS e-file.

■ CA199

1. Your 2022 state income tax return for was filed electronically.

~~Dolores J Conroy~~

The electronic filing services were provided by .

2. Your return was accepted on using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.

The submission ID assigned to this return is .

PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.