

January 29, 2024

Culture Works 31 South Main Street A210 Dayton, OH 45402

Dear Lisa:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

BRADY, WARE & SCHOENFELD, INC.

Lorani Orobitg, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For	<u>'</u>	
	Culture Works 31 South Main Street A210 Dayton, OH 45402	
Prepared By:		
	Brady, Ware & Schoenfeld, Inc. 3601 Rigby Road Suite 400 Dayton, OH 45342	
Amount Due	or Refund:	<u> </u>
	Not applicable	
Make Check	Payable To:	
	Not applicable	
Mail Tax Retu	urn and Check (if applicable) To:	
	Not applicable	
Return Must	be Mailed On or Before:	
	Not applicable	

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

Form 8879-TF

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

101 4 1	UA L	.,,	Tipe Entity			
For calendar year 2022, or fiscal year beginning	\mathtt{JUL}	1	, 2022, and ending	JUN	30	, 20 2 3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN CULTURE WORKS 23-7412338 LISA HANSON Name and title of officer or person subject to tax PRESIDENT AND CEO Type of Return and Return Information Part I 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1,482,846. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (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 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 X | authorize BRADY, WARE & SCHOENFELD, INC. 12338 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros 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 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. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 31930114767 number (EFIN) followed by your five-digit self-selected PIN. 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

BRADY, WARE & SCHOENFELD, INC.

01/29/24 Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Business Returns.

ERO's signature

CULTURE WORKS
31 SOUTH MAIN STREET, A210
DAYTON, OH 45402

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CULTURE WORKS 23-7412338 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 31 SOUTH MAIN STREET, A210 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DAYTON, OH 45402 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LISA HANSON The books are in the care of ► 110 N MAIN ST, SUITE 165 - DAYTON, OH 45402 Telephone No. ▶ 937-222-2787 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ JUN 30 , 2023► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	For the	\pm 2022 calendar year, or tax year beginning $$ JUL $$ 1 , $$ 2022 $$	and end	ing JI	UN 30, 20	23			
	Check if applicable	C Name of organization			D Employer ide	ntificati	on number		
	Addres	CULTURE WORKS							
	Name change				23-741	2338			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address	s) Rooi	m/suite	E Telephone nur	nber			
	Final return/	31 SOUTH MAIN STREET	A21	10	937-22	2-27	87		
	termin ated	City or town, state or province, country, and ZIP or foreign postal	code		G Gross receipts \$		1,482,846.		
	Ameno	DATION, OH 45402			H(a) Is this a grou	ıp retur			
	Application pending	F Name and address of principal officer: LIBA TANSON			for subordin	ates?	Yes X No		
		TIU NORTH MAIN STREET, DAYTON, OH	45402		H(b) Are all subordina	tes includ	ed? Yes No		
			4947(a)(1) or L	527	If "No," attac	ch a list	. See instructions		
	Websit		Т		H(c) Group exem				
		organization: X Corporation Trust Association Othe	er	L Year o	f formation: 197	4 M St	ate of legal domicile: OH		
Pä	art I	Summary	OTT MID I	7 7707	NZG TG MIII		ND TNO		
ø	1	Briefly describe the organization's mission or most significant activities:							
and	_ '	ADVOCACY, AND SERVICE ORGANIZATION T							
Activities & Governance	2	Check this box if the organization discontinued its operations		/					
30	3					4	$\frac{24}{24}$		
ø	4	Number of independent voting members of the governing body (Part VI				5	9		
ties	6	Total number of individuals employed in calendar year 2022 (Part V, line Total number of volunteers (estimate if necessary)	= Za)			6	167		
ξį	72	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.		
Ą	l 'a	Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.		
	<u> </u>	Not difficulted business taxable moothe from our 1,1 art 1, into 11			Prior Year	70	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			1,163,70	3.	1,414,938.		
Revenue	9	Program service revenue (Part VIII, line 2g)				0.	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10,21		9,451.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				5.	58,457.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			1,173,94	4.	1,482,846.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			579,81	1.	1,042,035.		
		Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.		
Ŋ	45	Salaries, other compensation, employee benefits (Part IX, column (A), lir			296,20	1.	318,532.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.		
É	. b	Total fundraising expenses (Part IX, column (D), line 25)	78,861.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			357,25		368,208.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	5)		1,233,26		1,728,775.		
	19	Revenue less expenses. Subtract line 18 from line 12			-59,32		-245,929.		
t Assets or	3			Beg	inning of Current Y		End of Year		
Sset	20	Total assets (Part X, line 16)		.	3,279,03		3,235,858.		
et A		Total liabilities (Part X, line 26)			563,93 2,715,09		554,406. 2,681,452.		
2 <u>.</u> D:	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			2,713,09	/ •	2,001,452.		
		Ities of perjury, I declare that I have examined this return, including accompanyin	na echadulae and	ctatemer	nte and to the heet o	ıf my kno	wladge and halief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all inform	-			i iliy Kiit	owicage and belief, it is		
140	, 001100	, and complete. Becautation of propared (early than emotify to baced on an intern	nation of willon p	ποραιοι ι	las any knowledge.				
Sig	n	Signature of officer			Date				
Her		LISA HANSON, PRESIDENT AND CEO							
	·	Type or print name and title							
		Print/Type preparer's name Preparer's signature		D	ate Chec	k 🔲	PTIN		
aic	d	LORANI OROBITG, CPA LORANI ORO	BITG, CF	PA 0:	1/29/24 self-6	mployed	P00664457		
	parer	Firm's name BRADY, WARE & SCHOENFELD, IN		<u> </u>		EIN 35-1476702			
	Only	Firm's address 3601 RIGBY ROAD SUITE 400							
		DAYTON, OH 45342			Phone no.	937-	223-5247		
May	v the IF	RS discuss this return with the preparer shown above? See instructions					X Yes No		

Form	990 (2022) CULTURE WORKS 23-7412338 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	CULTURE WORKS IS THE FUNDING, ADVOCACY, AND SERVICE ORGANIZATION THAT
	PASSIONATELY INSPIRES, SUPPORTS, AND SUSTAINS ARTS AND CULTURE IN THE
	DAYTON REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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. (Code:) (Expenses \$1, 295, 357. including grants of \$1, 042, 035.) (Revenue \$)
4a	
	CAMPAIGN FOR THE ARTS:
	CULTURE WORKS FULFILS ITS UNITED ARTS FUND MISSION THROUGH THE CAMPAIGN
	FOR THE ARTS [CFTA]. CFTA IS A PROGRAM THAT TAKES THE ARTS INTO THE
	COMMUNITY AND BUILDS PARTNERSHIPS WITH INDIVIDUALS, CORPORATIONS, AND
	FOUNDATIONS. THESE ARTISTIC ENGAGEMENTS DRIVE FUNDRAISING THAT PROVIDES
	OPERATING SUPPORT THROUGH COMMUNITY ARTS GRANTS TO ARTS ORGANIZATIONS
	THROUGH-OUT THE MIAMI VALLEY AND ENSURE THAT RESIDENTS OF ALL AGES AND
	BACKGROUNDS ARE GIVEN THE OPPORTUNITY TO ENJOY THE RICH DIVERSITY OF
	ARTS THAT THE DAYTON REGION HAS TO OFFER.
4b	(Code:) (Expenses \$247,379. including grants of \$) (Revenue \$
	ARTS AWARENESS, ADVOCACY, AND PROGRAMMING:
	CULTURE WORKS PROMOTES ARTISTIC EVENTS AND PROGRAMS FACILITATED BY MORE
	THAN 300 ARTS AND CULTURAL ORGANIZATIONS ACROSS AN EIGHT-COUNTY SERVICE
	AREA THROUGH COMMUNITY PUBLICATIONS AND REGULAR COMMUNICATIONS WITH ITS
	INCOME THE COMMON TO BE CONTROLLED THE TRANSPORT OF THE COMMON TO THE PROPERTY OF THE PROPERTY
	STAKEHOLDERS THE ORGANIZATION WORKS WITH ELECTED OFFICIALS AT THE
	STAKEHOLDERS. THE ORGANIZATION WORKS WITH ELECTED OFFICIALS AT THE
	LOCAL AND STATE LEVELS TO ADVOCATE FOR THE ARTS AND CULTURE SECTOR,
	LOCAL AND STATE LEVELS TO ADVOCATE FOR THE ARTS AND CULTURE SECTOR, COORDINATES AND COLLECTS DATA FOR ECONOMIC IMPACT STUDIES, CONNECTS
	LOCAL AND STATE LEVELS TO ADVOCATE FOR THE ARTS AND CULTURE SECTOR, COORDINATES AND COLLECTS DATA FOR ECONOMIC IMPACT STUDIES, CONNECTS EDUCATORS WITH LOCAL ARTS EDUCATION OPPORTUNITIES THROUGH ITS ARTSDEEP
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4c	LOCAL AND STATE LEVELS TO ADVOCATE FOR THE ARTS AND CULTURE SECTOR, COORDINATES AND COLLECTS DATA FOR ECONOMIC IMPACT STUDIES, CONNECTS EDUCATORS WITH LOCAL ARTS EDUCATION OPPORTUNITIES THROUGH ITS ARTSDEEP PROGRAM, AND CONNECTS BUSINESSES WITH INDIVIDUAL ARTISTS THROUGH WELLNESS INITIATIVES. IN ADDITION, CULTURE WORKS PARTNERS WITH THE NATIONAL ENDOWMENT FOR THE ARTS FOR CREATIVE PLACEMAKING PROJECTS AND (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Other program services (Describe on Schedule O.)
4d	LOCAL AND STATE LEVELS TO ADVOCATE FOR THE ARTS AND CULTURE SECTOR, COORDINATES AND COLLECTS DATA FOR ECONOMIC IMPACT STUDIES, CONNECTS EDUCATORS WITH LOCAL ARTS EDUCATION OPPORTUNITIES THROUGH ITS ARTSDEEP PROGRAM, AND CONNECTS BUSINESSES WITH INDIVIDUAL ARTISTS THROUGH WELLNESS INITIATIVES. IN ADDITION, CULTURE WORKS PARTNERS WITH THE NATIONAL ENDOWMENT FOR THE ARTS FOR CREATIVE PLACEMAKING PROJECTS AND (Code:) (Expenses \$ including grants of \$) (Revenue \$) [Code:) (Expenses \$ including grants of \$) (Revenue \$)

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Form 990 (2022) CULTURE WORKS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?		37	
	If "Yes," complete Schedule D, Part IV	9	_X_	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b	X	
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		
ıza	, ,	120		X
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	5			

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Form 990 (2022) CULTURE WORKS

Part IV Checklist of Required Schedules (continued)

	·		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77			
	Schedule K. If "No," go to line 25a	24a		<u> </u>			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c					
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>			
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			v			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
u	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	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	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x			
22	Schedule N, Part II	32		├^			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33					
٠.	Part V, line 1	34	Х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х				
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ				
	Check if Schedule O contains a response or note to any line in this Part V						
	, , , , , , , , , , , , , , , , , , , ,		Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X				
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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -							
	, commissay		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 9										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х							
b	If "Yes," enter the name of the foreign country										
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
-	any contributions that were not tax deductible as charitable contributions?	6a		х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	0.0									
a	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	Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 15									
·	to file Form 8282?	7с		х							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, 0									
e	Did the consistency of the desired by the constant of the desired by the desired	7e		Х							
_	f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 f 7g		X							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8											
Ū	sponsoring organization have excess business holdings at any time during the year?										
9											
а											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
-	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	and the contract of the contra										
excess parachute payment(s) during the year?											
If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 24	Į 🗀								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24	Į.								
2										
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		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?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b										
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	, , , , , , , , , , , , , , , , , , , ,	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
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?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	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			177						
_	taxable entity during the year?	16a		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									
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17 10	List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an experiention to make its Forms 1033 (1034 or 1034 A. if applicable), 900, and 900 T (section 501(a)(3))	o coli i	ove:le	ble						
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)	avalla	ыe						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)									
10	Another's website	d finar	oial							
19	statements available to the public during the tax year.	u iiiian	oidi							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	LISA HANSON - 937-222-2787									
	110 N MAIN ST, SUITE 165, DAYTON, OH 45402									

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)]		((C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week	officer and a director/trustee)						compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a)	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LISA HANSON	40.00		_		_	1 0				
EXECUTIVE DIRECTOR				Х				99,442.	0.	0.
(2) SHERI SWORD	1.00									
IMMEDIATE PAST CHAIR		Х		X				0.	0.	0.
(3) EILEEN CARR	1.00									
CHAIR		X		X				0.	0.	0.
(4) SALLY STRUTHERS	1.00									
TRUSTEE		X						0.	0.	0.
(5) CHERI WILLIAMS	1.00	4								
SECRETARY		X		X				0.	0.	0.
(6) CAROL LORANGER	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(7) EMILY BROUGHTON	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(8) GREGORY EWERS	1.00	1								
TRUSTEE		Х						0.	0.	0.
(9) MICHAEL KING	1.00	ļ								
TRUSTEE	1	Х						0.	0.	0.
(10) STACEY LAWSON	1.00	ļ		l						
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(11) DAVID LITTERAL	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(12) JOHANNA HARTLEY	1.00	v							0	0
TRUSTEE (13) BRIAN NELSON	1.00	Х						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(14) MELISSA PATSIAVOS	1.00	Λ						0.	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(15) MATTHEW SCARR	1.00	Λ						0.	0.	<u></u>
TREASURER	1.00	Х		х				0.	0.	0.
(16) THOMAS THICKEL	1.00	-22						1		<u></u>
TRUSTEE		х						0.	0.	0.
(17) RICHARD VALENTINE	1.00		\vdash		\vdash			†		`
TRUSTEE		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	es (continued)			
(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average	(do		Posi		າ than ເ	one	Reportable		Es	timated	
	hours per	box,	, unle	ss per	rson i	s both	n an	compensation	compensation		1	nount of
	week (list any				l	174443		from the	from related		1	other
	hours for	director						organization	organization: (W-2/1099-MIS			pensation om the
	related	6	stee			nsate		(W-2/1099-MISC/	1099-NEC)	, ,	1	anization
	organizations	Itrust	nal tr.		oyee	ed mos		1099-NEC)			and	d related
	below	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
(10) 10 mm pyrmy	line)	lnd	su	Offi	Key	e Eig	ъ					
(18) MATT DUNN EX-OFFICIO	1.00	Х						0.		0.		0
(19) JOHN CURRAN	1.00	Δ						0.		0.		0.
TRUSTEE	1.00	x						0.		0.		0.
(20) SARAH CHAPMAN	1.00	22						•		•		
TRUSTEE	1.00	х						0.		0.		0.
(21) BRYAN GREENE	1.00											
TRUSTEE		х						0.		0.		0.
(22) PATRICK NUGENT	1.00											
EX-OFFICIO		Х						0.		0.		0.
(23) JIM ARHNS	1.00											
TRUSTEE		Х						0.		0.		0.
(24) MARY BANE	1.00											
TRUSTEE		Х						0.		0.		0.
(25) BRANDY BATES	1.00	ļ				П						•
TRUSTEE	1 00	Х						0.		0.		0.
(26) JESSICA MEYERHOFER	1.00	٠,,								^		0
TRUSTEE		X		_				99,442.		0.		0.
1b Subtotal								0.		0.		0.
d Total (add lines 1b and 1c)								99,442.		0.		0.
Total number of individuals (including but not not not not not not not not not no) wh		· · · · · · · · · · · · · · · · · · ·	000 of reportable			
compensation from the organization)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C
					7							Yes No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual										3	X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedul	e J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
Complete this table for your five highest con										ensa	tion fro	om
the organization. Report compensation for t	ine calendar y	ear e	nair	ig w	itn c	or wi	tnin		ear.		10	••
(A) Name and business	address	NC	ONE	7.				(B) Description of s	services	((C Compe	nsation
		-110									•	
											· ·	

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 CULTURE WORKS 23-7412338

	VORKS								23-741	
Form 990 CULTURE V Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee do	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organization and related organizations
27) PAUL SPAIN RUSTEE	1.00	х						0.	0.	(
						L				

Form	1 990) (2022) CUL	TURE	WORKS				23-7412	338 Page 9
Pa	rt V	III Statement of Rev	venue						
		Check if Schedule O c	ontains a	response	or note to any lin	e in this Part VIII	(B)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	a Federated campaigns		1a					
, Gifts, Grants Jilar Amounts		b Membership dues		1b					
y, M		c Fundraising events		1c					
ar /		d Related organizations		1d					
s, G		e Government grants (contri		1e	349,545.				
ion Si		f All other contributions, gifts,	grants, and	ı 📗					
but the		similar amounts not included	above	1f 1,	065,393.				
Contributions, Giff and Other Similar		g Noncash contributions included in I	ines 1a-1f	1g \$	51,990.				
a S a		h Total. Add lines 1a-1f				1,414,938.			
					Business Code				
ė	2	a							
Program Service Revenue		b							
		С							
		d							
B		e							
Ā		f All other program service	revenue .						
		g Total. Add lines 2a-2f							
	3	Investment income (includ	ing divide	ends, intere	st, and				
		other similar amounts)				9,451.			9,451.
	4	Income from investment o							
	5	Royalties							
				(i) Real	(ii) Personal				
	6	a Gross rents	6a						
		b Less: rental expenses	6b						
		c Rental income or (loss)	6c						
		d Net rental income or (loss)							
	7	a Gross amount from sales of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Securities	(ii) Other				
		assets other than inventory	7a						
		b Less: cost or other basis							
ne		and sales expenses							
ver		c Gain or (loss)	7c						
Be		d Net gain or (loss)							
Other Revenue	8	a Gross income from fundraisin							
δ		including \$		_					
		contributions reported on	line 1c). S						
		Part IV, line 18		8a					

Business Code 58,457. 58,457. 11 a EMPLOYEE RETENTION CRE 900099 d All other revenue 58,457. e Total. Add lines 11a-11d 482,846. 58,457. 9,451. Total revenue. See instructions 12

9b

10a

232009 12-13-22

Form **990** (2022)

b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

Form 990 (2022) CULTURE WORKS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,019,535.	1,019,535.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,500.	22,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	==,000	22,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,564.	42,226.	26,391.	36,947
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	184,892.	172,188.	-3,769.	16,473
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,717.		4,906.	811
10	Payroll taxes	22,359.	16,552.	896.	4,911
11	Fees for services (nonemployees):	•			•
а	Management				
	Legal				
	Accounting	68,802.	45,868.	22,934.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	78,592.	72 745.	1,450.	4 397
12	Advertising and promotion	21,722.	72,745. 21,224.	427.	4,397
13	Office expenses	13,483.	4,332.	7,854.	1,297
14	Information technology	35,422.	28,389.	6,036.	997
15	Royalties	,	,	, , , , , ,	
16	Occupancy	34,620.	26,914.	6,512.	1,194
17	Travel	13,667.	10,418.	2,788.	461
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
10	Conferences, conventions, and meetings				
19 20	,, , ,				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,708.		13,481.	2,227
23	Insurance	6,324.	5,416.	1,552.	-644
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	7,022	·	=,55=1	
а	MISCELLANEOUS	46,584.	24,028.	13,247.	9,309
b	PRINTING	11,476.	11,344.	113.	19
С	BANK CHARGES	8,020.	7,944.	65.	11.
d	ORGANIZATIONAL DEVELOPM	6,152.	5,237.	785.	130
е	All other expenses	7,636.	5,876.	1,510.	250
25	Total functional expenses. Add lines 1 through 24e	1,728,775.	1,542,736.	107,178.	78,861
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2022) Part X | Balance Sheet

Balance Sheet					
Check if Schedule O contains a response or no	ote to any	line in this Part X			
			(A) Beginning of year		(B) End of year
Cash - non-interest-bearing			345,469.	1	159,699
Savings and temporary cash investments				2	
Pledges and grants receivable, net			251,202.	3	256,062
Accounts receivable, net			26,596.	4	58,579
Loans and other receivables from any current of					
trustee, key employee, creator or founder, sub-	stantial co	ntributor, or 35%			
controlled entity or family member of any of the	ese persor	ns		5	
Loans and other receivables from other disqua	lified pers	ons (as defined			
under section 4958(f)(1)), and persons describe	ed in section	on 4958(c)(3)(B)		6	
Notes and loans receivable, net				7	
Inventories for sale or use				8	
Prepaid expenses and deferred charges			7,675.	9	5,100
Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D	10a	81,735.			
Less: accumulated depreciation	10b	30,673.	58,553.	10c	51,062
Investments - publicly traded securities			390,304.	11	423,684
Investments - other securities. See Part IV, line			2,149,571.	12	2,244,605
Investments - program-related. See Part IV, line				13	
Intangible assets			10.550	14	25.055
Other assets. See Part IV, line 11			49,662.	15	37,067
Total assets. Add lines 1 through 15 (must eq			3,279,032.	16	3,235,858
Accounts payable and accrued expenses			49,423.	17	44,898
Grants payable			318,721.	18	262,127
Deferred revenue			45,891.	19	52,323
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete				21	
Loans and other payables to any current or for					
trustee, key employee, creator or founder, sub-					
controlled entity or family member of any of the			149,900.	22	157,435
Secured mortgages and notes payable to unre			149,900.	23	157,433
Unsecured notes and loans payable to unrelate				24	
Other liabilities (including federal income tax, p parties, and other liabilities not included on line	-				
	•	·	0	25	37,623
			563,935.	26	554,406
			303,333.	20	334,400
	eck liele				
• • • • •			2.038.816.	27	1,925,200
					756,252
			,=		
	000, 000				
•	s			29	
			2,715,097.		2,681,452
					3,235,858
C a N N C a C P R T	Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current funds a capital surplus, or land, building, or electained earnings, endowment, accumulated in total net assets or fund balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or fotal net assets or fund balances	Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	Organizations that follow FASB ASC 958, check here Indicomplete lines 27, 28, 32, and 33. Idet assets without donor restrictions Organizations that do not follow FASB ASC 958, check here Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Cotal net assets or fund balances	Organizations that follow FASB ASC 958, check here Indicomplete lines 27, 28, 32, and 33. Idet assets without donor restrictions Organizations that do not follow FASB ASC 958, check here Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check here Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check here Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check here Indicomplete lines 29 through 33. Capital stock or trust principal, or current funds Organizations that follow FASB ASC 958, check here Indicomplete lines 27, 28, 32, 308, 816 • 27 Indicomplete lines 27, 28, 32, 38, 816 • 27 Indicomplete lines 27, 28, 32, 38, 816 • 27 Indicomplete lines 29 through 33. Indicomplete lines 29

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2				75.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	24	5,9	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	71!	5,0	97.
5	Net unrealized gains (losses) on investments	5		28	3,4	21.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		18:	3,8	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	68:	L,4	52.
Pai	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	_			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С		audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b		
			F	orm	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2022

Inspection
Employer identification number

CULTURE WORKS 23-7412338 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support							
Cale	ndar 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.")	793,047.	651,711.	1106242.	1163703.	1414938.	5129641.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	793,047.	651,711.	1106242.	1163703.	1414938.	5129641.	
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)							
	Public support. Subtract line 5 from line 4.						5129641.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	793,047.	651,711.	1106242.	1163703.	1414938.	5129641.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	10,203.	8,749.	7,259.	10,216.	9,451.	45,878.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital			=				
	assets (Explain in Part VI.)		5,000.	780.	25.	58,457.	64,262.	
	Total support. Add lines 7 through 10						5239781.	
	Gross receipts from related activities,	`	,			12		
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·				
800	organization, check this box and stop						<u></u>	
	etion C. Computation of Publi			. (0)		44	97.90 %	
	Public support percentage for 2022 (I					15		
	Public support percentage from 2021							
108	33 1/3% support test - 2022. If the ostop here. The organization qualifies						T	
h			•		lino 15 is 33 1/30/			
,	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							
170	10% -facts-and-circumstances test							
1/8								
	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							
h	10% -facts-and-circumstances test	-		*	-	7a and line 15 is		
		•				•	. 570 01	
	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		-		•			
				,, 1110	,		(Form 990) 2022	

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

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

Se	ction A. Public Support		,				
Cale	ndar 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	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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			$\overline{}$			
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	1			I	T	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					 	
	Total support. (Add lines 9, 10c, 11, and 12.)					-04()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·			•	.,.,	
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	0%
	Public support percentage from 2021	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						······

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b ile A (Forn	000	2022
ne a croff	ロッカいり	ZUZZ

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.
- 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.

2a 2b За 3b

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	· ·	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Section	on D - Distributions		•	Ţ	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
	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.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	CULTURE WORKS	23-7412338				
Organization type (che	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the General Rule or a Special Rule.					
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	dule. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (0-EZ, line 1. Complete Parts I and II.	and that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribut is checked, en purpose. Don	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CULTURE WORKS 23-7412338

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OHIO ARTS COUNCIL 30 E BROAD ST COLUMBUS, OH 43215	\$34,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONTGOMERY COUNTY ARTS AND CULTURAL DISTRICT 117 S. MAIN ST. STE 5100 DAYTON, OH 45422	\$ 313,729.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MONTOGMERY COUNTY 451 WEST THIRD STREET, FLOOR 11 DAYTON, OH 45422	\$ 45,457.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 FUND 2125 MARY L MARSHALL FUND 40 NORTH MAIN STREET, STE 500 DAYTON, OH 45423	Total contributions \$ 50,063.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIE AVENUE NW WASHINGTON, DC 20004	\$ <u>411,677.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

CULTURE WORKS 23-7412338

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** CULTURE WORKS 23-7412338 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CULTURE WORKS

Employer identification number 23-7412338

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of end of year 2 Aggregate value of end of year 3 Aggregate value of end of year 4 Aggregate value of end of year 5 Dot the organization informal grantees, denore, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization is exclusive legal control? 6 Dot the organization informal grantees, denore, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the barefit of the donor or donor advisor, or for any other purpose conferring imperimisable private barefit? 7 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 8 Purpose(s) or conservation Easements held by the organization (heck at that apply). 9 Proservation of land for public use (for example, recreation or education). Preservation of a certified historic structure Preservation of open space. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation assessment and preservation of open space. 2 Consider the language extended by conservation esaments. 2 a Held at the End of the Tax Year. 3 Total number of conservation esaments included in (c) acquired after July 25.2006, and not on a historic structure included in (c) acquired after July 25.2006, and not on a historic structure included in (c) acquired after July 25.2006, and not on a historic structure included in (c) acquired after July 25.2006, and not on a historic structure included in the conservation esaments during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation esaments during the year 8 Does each conservation esament reported on hine 2(d) above satisfy the requirements of s	Par	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of and for year 4 Aggregate value of and of year 5 Dot the organization informal all conors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Dot the organization informal 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 impormisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes on the secondary of the organization check all that apply. Part II Conservation Easements. Complete if the organization necessary of the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements bed by the organization (check all that apply). 2 Preservation of James and Preservation of a conservation asserting or a conservation easement and preservation of preservation of a conservation easement and a qualified conservation contribution in the form of a conservation easement in a conservation easement on a conservation easement or easement easem		organization answered "Yes" on Form 990, Part IV, line	6.		•
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 incomparison informal 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 incomparison to the property of the donor or donor advisor, or for any other purpose conferring incomparison of the donor or donor advisor, or for any other purpose conferring incomparison of the donor or donor any other purpose conferring incomparison of the donor or donor any other purpose conferring incomparison of a bistorically important land area Protection or natural habitat Protection or natural habitat Preservation of poer 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. 3 Total number of conservation easements 2a Protection of the protection of the last the first of the last o			(a) Donor advise	ed funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 incomparison informal 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 incomparison to the property of the donor or donor advisor, or for any other purpose conferring incomparison of the donor or donor advisor, or for any other purpose conferring incomparison of the donor or donor any other purpose conferring incomparison of the donor or donor any other purpose conferring incomparison of a bistorically important land area Protection or natural habitat Protection or natural habitat Preservation of poer 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. 3 Total number of conservation easements 2a Protection of the protection of the last the first of the last o	1	Total number at end of year			
4 Aggregate value at end of year 5 Did the organization in year judgect to the organization's exclusive legal contro? 6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of conor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tessements. 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 Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the liast day of the tax year. 3 Total number of conservation easements 4 Total number of conservation easements in a certified historic structure included in (a) 5 Total acreage restricted by conservation easements (c) acquired after July 25,2006, and not on a historic structure included after July 25,2006, and not on a historic structure included after July 25,2006, and not on a historic structure included after July 25,2006, and not on a historic structure included in (a) 9 Number of conservation easements modelified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements it located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 reports conservation easements in its revenue and expenses statement and balance sheet, and include, applicable, the text of the foot	2				
5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organizations (successive) legal control?" 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 advisors, or for any other purpose conferring impermissible purvate benefits of the donor or donor advisors, or for any other purpose conferring impermissible purvate benefits of the benefit of the donor or donor advisors, or for any other purpose conferring impermissible purvate benefits of the donor or donor advisors, or for any other purpose conferring impermissible purvate benefits of the donor advisors or any other purpose conferring the purpose (or any other purpose conferring impermissible purpose conferring the purpose (or any other purpose conferring impermissible purpose conferring the purpose conferr	3	Aggregate value of grants from (during year)			
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year			
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? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of Jens pasce Prese	5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	ed funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of an for public use for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a pose pasce 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. 3 Total number of conservation easements 2 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements or the last day of the tax year and the last of the last year of conservation easements included in (c) acquired after July 25,2005, and not on a historic structure listed in the National Register 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thoris? 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)(6)(i)) and section 170(h)(4)(6)(ii) Proganization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organizations financial statements that describes the organization is conservation easements in its revenue attended an		are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
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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 \$	Pai			asures, or Oti	ner Similar Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$					
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X	1a		•		
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		•			·
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 \$		•			
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	b				
(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 \$		·	exhibition, education, o	r research in furth	erance of public service,
(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$					•
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 \$					
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 \$	_				
a Revenue included on Form 990, Part VIII, line 1 \$	2	-			gain, provide
b Assets included in Form 990, Part X \$	_		-		¢
					Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining Co	llections of Art	t, Historical Tre	asures, or Othe	er Simil	ar Assets	(contir	nued)	ugo —
3	Using the organization's acquisition, accession						,		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	ures, or other simila	ır assets				
	to be sold to raise funds rather than to be mair						Yes		No
Pai	t IV Escrow and Custodial Arrange	ements. Comple	ete if the organization				line 9, or		
	reported an amount on Form 990, Part		· ·						
	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII ar								
		•	· ·				Amoun	t	
С	Beginning balance	1c							
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on For				ility?		Yes	X	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has been p	provided on Part XII					
Pai									
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years	back
1a	Beginning of year balance	2,134,571.	2,609,353.	2,132,885.	2	,208,996.	2	2,207,729.	
b	Contributions								
С	Net investment earnings, gains, and losses	193,396.	-368,423.	580,562.		20,373.	97,862.		862.
d	Grants or scholarships	88,827.	86,591.	82,639.		78,752.	79,193		193.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	9,535.	19,768.	21,455.		17,732.		17,	402.
g	End of year balance	2,229,605.	2,134,571.	2,609,353.		132,885.	2		996.
2	Provide the estimated percentage of the current	nt vear end balance	(line 1g. column (a)) held as:		-			
а	· · · · · · · · · · · · · · · · · · ·	81.6700	%						
b	Permanent endowment	%							
С	Term endowment 18.3300 %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held an	d administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the o								
Pai	t VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumula	ated	(d) Boo	k valu	e
		basis (investm		1 ' '	epreciatio	I			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		8	1,735.	30,0	673.	5	1,0	62.
е	Other				-				
	Add lines 1a through 1e (Column (d) must ag		V aaluman (D) line 10)		İ	5	1 N	62.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CULTURE WORI	KS		23-7412338 Page 3
Part VII Investments - Other Securities.			20 / 122000 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS AT THE DAYTON			
(B) FOUNDATION	2,229,605.		MARKET VALUE
(C) INVESTMENTS AT CWE	15,000.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,244,605.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
(a)	Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, I	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			37,623.
(3)			
(4)			
(5)			
(6)			

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. Check here if the text of the footnote has been provided in Part XIII X

(7) (8) (9)

CHE	dule D (Form 990) 2022 COLLONE WORKS			7412330	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d		1 I			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	7	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5		

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.

PART IV, LINE 2B:

Part XIII Supplemental Information.

THE ORGANIZATION PREVIOUSLY RECEIVED A \$250,000 PERMANENTLY RESTRICTED CONTRIBUTION WHICH THE DONOR STIPULATED THAT THE CONTRIBUTION BE HELD AS PART OF THE ORGANIZATION'S ENDOWMENT, AS A SEPERATE FUND FOR THE BENEFIT OF THE DAYTON PERFORMING ARTS ALLIANCE, THE SUCCESSOR OF THE DAYTON BALLET ASSOCIATION. THE FUND IS TO BE ADMINISTERED BY THE ORGANIZATION, WITH ALL INVESTMENT INCOME AWARDED TO THE DAYTON PERFORMING ARTS ALLIANCE FOLLOWING GUIDELINES ESTABLISHED BY THE DONOR. THE FUND BALANCE INCLUDES ACCUMULATED INVESTMENT INCOME OF \$158,781 AND \$146,595 AT JUNE 30, 2023 AND 2022 RESPECTIVELY. AS THIS ACCUMULATED INVESTMENT INCOME IS HELD FOR THE BENEFIT OF THE DAYTON PERFORMING ARTS ALLIANCE, A CORRESPONDING LIABILITY IS RECORDED ON THE STATEMENT OF FINANCIAL POSITION.

Part XIII Supplemental Information (continued)
Part AIII Supplemental Information (continued)
PART X, LINE 2:
ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR
EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX
RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN NOT"
OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT
PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE
RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS
"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION,
INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED
UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION.
ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT
IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER
THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING
AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE
ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING A
POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY, AS
OF JUNE 30, 2023 AND 2022.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization CULTURE W	ODKG						Employer identification numbe $23-7412338$
Part I General Information on Grants as							23-7412330
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's property Grants and Other Assistance to I recipient that received more than \$	to substantiate the stance?	oring the use of grant	funds in the United	States. Complete if the org			X Yes N
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DAYTON PERFORMING ARTS ALLIANCE 126 N MAIN ST, SUITE 210 DAYTON, OH 45402	31-6000101	501(C)(3)	26,660.	0.			GENERAL OPERATING SUPPORT
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45404	31-0537480	501(C)(3)	55,180.	0.			GENERAL OPERATING SUPPOR
MUSE MACHINE, INC. 126 N MAIN ST, SUITE 310 DAYTON, OH 45402	31-1028673	501(C)(3)	28,830.	0.			GENERAL OPERATING SUPPORT
THE HUMAN RACE THEATRE COMPANY 126 N MAIN ST, SUITE 300 DAYTON, OH 45402	31-1176135	501(C)(3)	25,730.	0.			GENERAL OPERATING SUPPORT
DAYTON CONTEMPORARY DANCE COMPANY 840 GERMANTOWN ST DAYTON, OH 45402	23-7220259	501(C)(3)	48,980.	0.			GENERAL OPERATING SUPPORT
DAYTON PUBLIC RADIO INC. DBA DISCOVER CLASSIC - 126 N MAIN ST - DAYTON, OH 45402 2 Enter total number of section 501(c)(3) ar	31-1007460		26,660.	0.			GENERAL OPERATING SUPPOR

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

23-7412338

CULTURE WORKS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
K12 GALLERY & TEJAS 341 SOUTH JEFFERSON ST DAYTON, OH 45402	31-1459482	501(C)(3)	11,315.	0.			GENERAL OPERATING SUPPORT
SPRINGFIELD SYMPHONY ORCHESTRA 300 S FOUNTAIN AVE SPRINGFIELD, OH 45506	31-6000540	501(C)(3)	26,350.	0.			GENERAL OPERATING SUPPORT
BACH SOCIETY OF DAYTON 126 N MAIN ST DAYTON, OH 45402	01-0721543	501(C)(3)	5,890.	0.			COMMUNITY ARTS DEVELOPMENT
THE CONTEMPORARY DAYTON 25 WEST 4TH STREET DAYTON, OH 45402	31-1332017	501(C)(3)	6,532.	0.			COMMUNITY ARTS DEVELOPMENT
			A				

Schedule I (Form 990) 2022 CULTURE WORKS					23-7412338	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
POST-SECONDARY EDUCATIONAL SCHOLARSHIPS	10	22,500.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
CULTURE WORKS UTILIZES AN OUTCOMES	BASED GF	RANT PROCES	SS BY WHICH	ALL		
APPLICANTS ARE EVALUATED. UNDER TH	HIS SYSTEM	I, SIX GRAN	T PANELIST	S REVIEW		
APPLICATIONS AND FINANCIAL INFORMA	ATION (AUI	OITED FINAN	ICIAL STATE	MENTS, MOST		
RECENT FORM 990, CULTURAL DATA PRO	JECT FINA	NCIAL COME	PARISONS, A	ND ANNUAL		
BUDGET INFORMATION.) PANELISTS ALS	SO ATTEND	A PERFORMA	NCE OR EXH	IBITION OF		
THE ORGANIZATION. EACH MAY, A GRAN	NT PANEL F	REVIEW MEET	TING TAKES	PLACE WHICH		
IS OPEN TO THE PUBLIC. DURING THIS	MEETING	THE PANELI	STS EACH P	ROVIDE A		
SCORE FOR THE APPLICANT ORGANIZATI	IONS BASEI	ON THEIR	INDIVIDUAL	ASSESSMENT		

Part IV Supplemental Information
OF THREE CRITERIA AREAS: PUBLIC BENEFIT AND ACCESS (45 POINTS); ARTISTIC
AND CULTURAL VIBRANCY (35 POINTS); AND ORGANIZATIONAL CAPACITY (20 POINTS).
THE HIGHEST AND LOWEST SCORES ARE DROPPED AND THE REMAINDER ARE AVERAGED TO
PROVIDE THE ORGANIZATION'S FINAL SCORE. THE ACTUAL AMOUNT OF FUNDING
AWARDED TO EACH ORGANIZATION IS DETERMINED BY A MATHEMATICAL FUNDING
FORMULA THAT TAKES INTO ACCOUNT THE SCORE THE ORGANIZATION RECEIVED, THE
ORGANIZATION'S TOTAL ANNUAL BUDGET, THE NUMBER OF APPLICANT ORGANIZATIONS,
AND THE TOTAL AMOUNT OF FUNDING AVAILABLE.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

2022

2022

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

CULTURE WORKS

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

23-7412338

Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contri amounts repor		Method of de			
		applicable		Form 990, Part VI		noncash contribu	ition ar	nounts	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Lakalla aku al musu asak .								
9	Securities - Publicly traded								
	· .								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other			·					
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy	-							
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		_		0.5.0				
25	Other (DISCOUNT SERVIC)	X	5		,050.				
26	Other (MAGAZINE/ADVERT)	X	1		,400.				
27	Other (EVENTS)	X	6		,220.				
28	Other (PARKING)	X	2	7	,320.				
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, line	s 1 through	n 28, that it			
	must hold for at least 3 years from the date of t		•	•					
	exempt purposes for the entire holding period?						30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard	d contributi	ons?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash				l _
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column	(a) is checl	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	1 (Forn	n 990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

23-7412338 CULTURE WORKS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND SUSTAINS ARTS AND CULTURE IN THE DAYTON REGION. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WITH OTHER NON-PROFITS FOR ARTS-ALIGNED INITIATIVES. PART VI, SECTION B, LINE 11B: FORM 990, THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE AND FINANCE COMMITTEES, AND THEN PROVIDED TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF TRUSTEES COMPLETE A DISCLOSURE STATEMENT EACH YEAR REGARDING POTENTIAL CONFLICTS OF INTEREST. THESE FORMS ARE REVIEWED ANNUALLY BY THE EXECUTIVE AND AUDIT COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION IS A MEMBER OF THE OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS (OANO) AND THE ASSOCIATION OF FUNDRAISING PROFESSIONALS BOTH OF WHICH PROVIDE ANNUAL SALARY AND BENEFIT STUDIES TO THEIR THESE STUDIES ARE REVIEWED TO BENCHMARK COMPENSATION, TO ENSURE THAT THE ORGANIZATION'S SALARY FOR ITS CEO IS IN LINE WITH OTHER COMPARABLE ORGANIZATIONS OF SIMILAR BUDGET SIZE. OANO AND AFP SALARY STUDIES ALSO EXTEND TO OTHER POSITIONS WITHIN NONPROFIT ORGANIZATIONS, AND ARE USED TO DETERMINE FAIR COMPENSATION FOR THE ENTIRE STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CULTURE WORKS 23-7412338 THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED TO THE WEBSITE. ALL GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST 183,861. ROUNDING TOTAL TO FORM 990, PART XI, LINE 9 183,863. PART XII, LINE 2C THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE OVERSEE THE INDEPENDENT AUDITOR SELECTION.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 23-7412338 CULTURE WORKS Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

										(1)	Τ ",
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization	, ,	(state or	entity	(related, unrelated,	income	end-of-year			amount in box	managin	gownership
		foreign		(related, unrelated, excluded from tax under sections 512-514)		assets		T	20 of Schedule K-1 (Form 1065)	partitei	┨
		country)		Sections 512-514)			Yes	No	K-1 (F0111 1003)	Yes N	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
CW EVENTS INC - 87-2419229		, , , , , , , , , , , , , , , , , , , ,						Yes	No
31 S MAIN STREET, STE A210	EVENT MANGEMENT								
DAYTON, OH 45402	SERVICES	OH		C CORP			100%		X

23-7412338

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		Х		
					1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)						X		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations for related organ						X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)									
р	p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)	(d)					
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount i	nvolved				
		type (a-s)							
		_							
1) (CW EVENTS, INC.	J	8,820.	FMV					
			02 02						
2) (CW EVENTS, INC.	0	23,287.	FMV					
_, ,	TWI PERFORM TIME		15 760	E-MAS 7					
3) (CW EVENTS, INC.	Q	15,769.	LMA					
41									
4)		-							
E\									
5)									

Schedule R (Form 990) 2022 CULTURE WORKS 23-7412338 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-1	General of managing partner? Yes No	(k) Percentage ownership
			18						