## Federal Tax Return

**National Queer Theater** 

2022

JAJ Tax & Accounting Services, LLC 4910 NW 82nd Ave, Suite 2005 Lauderhill, FL 33351

Phone: (954) 769-1640 Fax: (954) 769-1451 julian@jajtax.com

### Form 990 Comparison

	National Queer Theater			LULL			
	83-0895347		Prior Year	Current Year	Difference	%	
	1a Federated campaigns	1a	0	0	0	0%	
	<b>b</b> Membership dues	1b	0	0	0	0%	
	<b>c</b> Fundraising events	1c	0	0	0	0%	
	d Related organizations	1d	0	0	0	0%	
	e Government grants (contributions)		0	0	0	0%	
	f All other contributions, gifts, grants,						
	and similar amounts not included above	. 1f	174,602	140,006	-34,596	-20%	
	g Total (add lines 1a through 1f)	1g	174,602	140,006	-34,596	-20%	
	2 Program service revenue:						
	a	2a	0	0	0	0%	
	b	2b	0	0	0	0%	
	С	2c	0	0	0	0%	
	d	2d	0	0	0	0%	
	e	2e	0	0	0	0%	
	f All other program service revenue	2f	10,481	20,437	9,956	95%	
	g Total (add lines 2a through 2f).	2g	10,481	20,437	9,956	95%	
	3 Investment income						
	(including dividends, interest and other similar amounts)	3	3	3	0	0%	
	4 Income from investment of tax-exempt bond proceeds	4	0	0	0	0%	
Revenue	<b>5</b> Royalties	5	0	0	0	0%	
	<b>6a</b> Gross rents (real and personal)	6a	0	0	0	0%	
	<b>b</b> Less: rental expenses	6b	0	0	0	0%	
	c Net rental income or (loss)	6c	0	0	0	0%	
	7a Gross amount from sales of assets (other than inventory)		0	0	0	0%	
	<b>b</b> Less: cost or other basis and sales expenses		0	0	0	0%	
	c Net gain or (loss) from sales of assets	. 7c	0	0	0	0%	
	8a Gross income from fundraising events	8a	0	0	0	0%	
	<b>b</b> Less: direct expenses	8b	0	0	0	0%	
	<b>c</b> Net income or (loss) from fundraising events	8c	0	0	0	0%	
	9a Gross revenue from gaming activities	9a	0	0	0	0%	
	<b>b</b> Less: direct expenses	9b	0	0	0	0%	
	<b>c</b> Net income or (loss) from gaming activities	9c	0	0	0	0%	
	<b>10a</b> Gross sales of inventory, less returns and allowances	10a	0	0	0	0%	
	<b>b</b> Less: cost of goods sold	10b	0	0	0	0%	
	<b>c</b> Net income or (loss) from sales of inventory	. 10c	0	0	0	0%	
	Miscellaneous Revenue						
	11a		0	0	0	0%	
	b	11b	0	0	0	0%	
	С	11c	0	0	0	0%	
	d All other revenue	11d	0	0	0	0%	
	<b>e</b> Total	. 11e	0	0	0	0%	
	12 Total revenue:						
	Add lines 1g, 2g, 3, 4, 5, 6c, 7c, 8c, 9c, 10c, and 11e	. 12	185,086	160,446	-24,640	-13%	

Form 990 Comparison (Page 2) National Queer Theater 83-0895347

1 01111 990 0011	nparison (Page 2) National Queer Theater					33-0895347
			Prior Year	Current Year	Difference	%
	Grants and other assistance to domestic -					
	organizations and domestic governments	1	0	0	0	0%
	2 Grants and other assistance to domestic-					
	individuals	2	0	0	0	0%
	3 Grants and other assistance to foreign -					
	organizations, foreign governments, and					
	foreign individuals	3	0	0	0	0%
	4 Benefits paid to or for members	4	0	0	0	0%
	5 Compensation -					
	current officers, directors, trustees, and key employees	5	27,350	62,871	35,521	130%
	6 Compensation -		,	•	,	
	not included above, to disqualified persons					
	(as defined under sections 4958(f)(1) and (c)(3)(B))	6	0	0	0	0%
	7 Other salaries and wages	7	0	0	0	0%
	8 Pension plan contributions (include 401(k) and 403(b))	8	0	0	0	0%
	9 Employee benefits	9	0	0	0	0%
	<b>10</b> Payroll taxes	10	0	0	0	0%
	11 Fees for services (non-employees):					
	a Management	11a	0	0	0	0%
	<b>b</b> Legal fees	11b	0	0	0	0%
Funct-	c Accounting fees	11c	0	0	0	0%
ional	<b>d</b> Lobbying	11d	0	0	0	0%
Expenses	e Professional fundraising fees	11e	0	0	0	0%
	<b>f</b> Investment management fees	11f	0	0	0	0%
	<b>g</b> Other	11g	4,357	0	-4,357	-100%
	<b>12</b> Advertising and promotion	12	0	0	0	0%
	<b>13</b> Office expenses	13	335	0	-335	-100%
	14 Information technology	14	0	0	0	0%
	<b>15</b> Royalties	15	0	0	0	0%
	<b>16</b> Occupancy	16	11,393	1,542	-9,851	-86%
		17	11,535	1,542	-9,031	0%
	17 Travel	17	U	U	U	0%
	18 Payments of travel or entertainment expenses		_	_	_	
	for any federal, state, or local public officials	18	0	0	0	0%
	<b>19</b> Conferences, conventions, and meetings	19	0	0	0	0%
	<b>20</b> Interest	20	0	0	0	0%
	21 Payments to affiliates	21	0	0	0	0%
	22 Depreciation, depletion, and amortization	22	0	0	0	0%
	23 Insurance	23	0	0	0	0%
	24 Other expenses not covered above:					0.70
	a Other expenses	24a	156,904	116,196	-40,708	-26%
	-				,	
	b	24b	0	0	0	0%
	C	24c	0	0	0	0%
	d	24d	0	0	0	0%
	е	24e	0	0	0	0%
	25 Total functional expenses (add lines 1 through 24e)	25	200,339	180,609	-19,730	-10%

Form 990 Comparison (Page 3) National Queer Theater Balance Sheets (end of year figures) 83-0895347

		ets (end of year figures)		Prior Year	Current Year	Difference	%
	1	Cash - non-interest-bearing	1	63,434	42,618	-20,816	-33%
	2	Savings and temporary cash investments	2	0	0	0	0%
	3	Pledges and grants receivable, net	3	0	0	0	0%
	4	Accounts receivable, net	4	0	0	0	0%
	5	Loans and other receivables from current and former					
		officers, directors, trustees, key employees, or other					
		related parties	5	0	0	0	0%
Assets	6	Loans and other receivables from other disqualified					
		persons	6	0	0	0	0%
	7	Notes and loans receivable, net	7	0	0	0	0%
	8	Inventories for sale or use	8	0	0	0	0%
	9	Prepaid expenses and deferred charges	9	0	0	0	0%
	10	Land, buildings, and equipment, net of accum. dep	10	0	0	0	0%
	11	Investments - publicly-traded securities	11	0	0	0	0%
	12	Investments - other securities	12	0	0	0	0%
	13	Investments - program-related	13	0	0	0	0%
	14	Intangible assets	14	0	0	0	0%
	15	Other assets	15	0	0	0	0%
		Total assets (add lines 1 through 15)	16	63,434	42,618	-20,816	-33%
		Accounts payable and accrued expenses	17	0	0	0	0%
	18	Grants payable	18	0	0	0	0%
	19	Deferred revenue	19	0	0	0	0%
	20	Tax-exempt bond liabilities	20	0	0	0	0%
Liab-	21	Escrow account liability	21	0	0	0	0%
ilities	22	Loans and other payables to current/former officers,					
		directors, trustees, key employees, highest compensated					
		employees, disqualified persons	22	0	0	0	0%
		Secured mortgages and notes payable to unrelated 3rd parties	23	0	0	0	0%
		Unsecured notes and loans payable	24	0	0	0	0%
		Other liabilities	25	0	0	0	0%
		Total liabilities (add lines 17 through 25)	26	0	0	0	0%
	_	anizations that follow SFAS 117 (ASC 958):					
		Net assets without donor restrictions	27	0	0	0	0%
Assets		Net assets with donor restrictions	28	0	0	0	0%
or	_	anizations that do not follow SFAS 117 (ASC 958):					
Fund		Capital stock, trust principal, or current funds	29	0	0	0	0%
Balances		Paid-in or capital surplus, or land, building, and equipment fund	30	0	0	0	0%
		Retained earnings, endowment, accum. income, or other funds	31	0	0	0	0%
		Total net assets or fund balances	32	63,434	42,618	-20,816	-33%
	33	Total liab and net assets/fund balances (add lines 26 and 32)	33	63,434	42,618	-20,816	-33%

# Form **990-EZ**

## **Short Form** Return of Organization Exempt From Income Tax

2022

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For th	ne 2022 calen	dar year, or tax year begii	nning		, and	d ending			
В		if applicable:	C Name of organization					D	Employe	r identification number
Χ	Address	s change	National Queer Theater							
	Name o	change	Number and street (or P.O. box	if mail is not delivered	to street address)		Room/suite			83-0895347
	Initial re	eturn	138 South Oxford St					Е	Telephone	e number
	Final retu	urn/terminated	City or town		State	ZIP cod	le			
	Amende	ed return	Brooklyn		NY	11217	7			
	Applica	ition pending	Foreign country name	Foreign provin	ce/state/county	Foreign	postal code	F	Group E	xemption
									Number	
-	A 000111	nting Mathad:	X Cash Accrual	Other (enecify)				Ц С	heck	if the organization is
	Websi	nting Method:	nationalqueertheater.org	Other (specify)					<u> </u>	if the organization is did to attach Schedule B
									orm 990).	
J	Tax-exe	mpt status (chec	ck only one) — X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1)	or527	(,	01111 000).	
K	Form of	f organization:	: X Corporation	Trust	Association	O:	ther			
L	Add line	es 5b. 6c. and	7b to line 9 to determine gro	oss receipts. If gross	s receipts are \$200.0	000 or mor	e. or if total	asset	3	
			are \$500,000 or more, file Fo							160,446
	rt I	Revenue	e, Expenses, and Cha	anges in Net As	ssets or Fund E	Balances	s (see the	inst	uctions	
			the organization used							
	4		ns, gifts, grants, and simila		<u> </u>	•				140,006
	1		ervice revenue including g						2	
	2	•	9.0							20,437
	3		p dues and assessments						3	3
	4		income			I _ I			4	
	5a		unt from sale of assets oth or other basis and sales e			5a 5b				
	b		ss) from sale of assets oth				٠,١		- Fo	
	с 6		d fundraising events:	ei iliali lilveliloly (	Subtract line 30 in	JIII IIIIE Ja	1)		5c	
		_	_	obodulo C if aroot	or than					
ē	а		me from gaming (attach S			6a				
Revenue	b				 \$		ntributions			
ě	D		ising events reported on l		- T	01 COI	IIIIDUIIOIIS			
~			n gross income and contri			6b				
	С		expenses from gaming a			6c				
	d		or (loss) from gaming an	_			subtract			
	u			_	is (aud iiiles da ai	iu ob aliu	Subilaci		. 6d	
	7a		s of inventory, less returns			7a			. 00	
	b		of goods sold			7b				
	c		t or (loss) from sales of inv						7c	
	8		nue (describe in Schedule							
	9		nue. Add lines 1, 2, 3, 4, 5							160,446
	10	Grants and	similar amounts paid (list	in Schedule O).					10	155,115
	11		id to or for members							
S	12		her compensation, and er							
JS6	13		al fees and other payment							
e	14		, rent, utilities, and mainte	•						
Expenses	15		blications, postage, and s							
	16		nses (describe in Schedul							
	17	Total exper	nses. Add lines 10 through	h 16					17	180,609
(0	18	Excess or (c	deficit) for the year (subtra	act line 17 from line	e 9)				18	-20,163
Net Assets	19		or fund balances at begin					·		2,100
188	-		figure reported on prior y						19	63,434
et /	20	-	ges in net assets or fund b	•					-	
ž	21		or fund balances at end o						-	

	990-EZ (2022) National Queer Theater			83-089	5347	Page <b>2</b>
Par	•	,				
-	Check if the organization used Schedule O to re	spond to any question in t	his Part II...			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		H-	63,434	_	42,618
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		F		24	
25	Total assets			63,434		42,618
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column (B			63,434	27	42,618
Pa	statement of Program Service Accomplisi	•	,	[v]		_
	Check if the organization used Schedule O to	o respond to any question	in this Part III .	X	(Bo	Expenses
		See Schedule O				quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplishn		• . •			nizations; optional
	easured by expenses. In a clear and concise manne	· · · · · · · · · · · · · · · · · · ·	ovided, the numb	er of	101 0	others.)
	ons benefited, and other relevant information for each					
	Produced the annual Criminal Queerness Festival, for					
	countries that criminalize LGBTQ individuals, at Linc	oln Center				
		includes foreign grants, cl			28a	60,000
	Produced NQT and Donja R. Loves acclaimed Write	It Out program, a playwrit	ng			
	workshop for people living with HIV					
	-,	includes foreign grants, cl			29a	20,000
	Expanded community parternships including Dreami		n,			
	Jubilee for a New Vision with MCC, Little Amal (glob					
	with St. Annes Warehouse, and Kinky Pint Sized Plays with The Eagle.					
		includes foreign grants, cl			30a	60,000
31	Other program services (describe in Schedule O) .					
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, cl			31a	-
	Total program service expenses. (add lines 28a th				32	140,000
Pa	t IV List of Officers, Directors, Trustees, and K					· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule O to	respond to any question i	n this Part IV			
			(c) Reportable	(d) Health benefi	ts	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-M	ISC/ contributions to	) _	(e) Estimated amount of
	• •	devoted to position	1099-NEC)	employee benefit pl and deferred compen		other compensation
			(if not paid, enter	-O-)		
	n Odsess-Rubin					
	tic Director	Hr/WK 40.00	40,	563		
	n Butler	 				
	d Treasurer	Hr/WK 1.00				
	les Gershman					
	d Co-Chair	Hr/WK 1.00				
	n Fondakowski					
	d Secretary	Hr/WK 1.00				
Step	hen Shafer Mazow					
Boa	d Co-Chair	Hr/WK 1.00				
		Hr/WK				
					Ţ	
		Hr/WK				
		Hr/WK				
		Hr/WK				

Hr/WK

Hr/WK

Form 990-EZ (2022)

Part V

	instituctions for Fart v.) Check if the organization used Schedule O to respond to any question in t	1115 F		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		V
34	detailed description of each activity in Schedule O	33		X
J <del>4</del>	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Χ
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
270	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	375		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
L	section 4911 ; section 4912 ; section 4955 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		V
44	transaction? If "Yes," complete Form 8886-T	40e		Х
41	• • • • • • • • • • • • • • • • • • • •	(E40) C	12 020	26
42a		<b></b>	313-039	90
	Located at 138 South Oxford St City Brooklyn ST NY ZIP + 4 112	17	I	NI :
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	40h	Yes	X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		^
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions.	45b		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2022) National Queer Theater 83-08						83-08953	47	Page <b>4</b>		
								Yes	No	
46		e organization engage, directly or indirectly								
D (		didates for public office? If "Yes," complete					.   46		Χ	
Part		Section 501(c)(3) Organizations On All section 501(c)(3) organizations mu 50 and 51.		47–49b and 52,	and compl	ete the table	s for line	s		
		Check if the organization used Sched	dule O to respond to a	ny question in th	is Part VI					
		<del></del>	<u> </u>					Yes	No	
47		e organization engage in lobbying activities			_		47		Х	
48		rear? If "Yes," complete Schedule C, Part II								
49a		e organization make any transfers to an ex							X	
		s," was the related organization a section 5	-	•			. 49b			
50		lete this table for the organization's five hig	_				and key			
	emplo	yees) who each received more than \$100,0	000 of compensation fron	n the organization.	If there is n	one, enter "No	ne."			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI 1099-NEC)	SC/ contribution benefit p	Health benefits, utions to employee plans, and deferred empensation	(e) Estima other co	ated amo		
Name	None									
Title			Hr/WK .00							
Name										
Title			Hr/WK .00							
Name			Hr/WK .00							
Title Name			Hr/WK .00							
Title			Hr/WK .00							
Name			111/111							
Title			Hr/WK .00	)						
f 51	Comp	number of other employees paid over \$100 lete this table for the organization's five hig 000 of compensation from the organization	hest compensated indepe		who each r	eceived more	than			
		(a) Name and business address of each independent	ent contractor	<b>(b)</b> Type of	service	(c	(c) Compensation			
Name	None	Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str	710	-						
City Name		ST Str	ZIP							
City		 ST	ZIP							
Name		Str	<del></del>							
City		ST	ZIP							
d 52	Did th	number of other independent contractors ea e organization complete Schedule A? <b>Note</b> eted Schedule A	: All section 501(c)(3) org		ttach a		X Ye	es 🗌	] No	
		of perjury, I declare that I have examined this return, ind d complete. Declaration of preparer (other than officer) is				knowledge and be	elief, it is			
Sign		Signature of officer				Date				
Here		Adam Odsess-Rubin				President				
		Type or print name and title  Print/Type preparer's name	Preparer's signature	1	Date		PTIN			
Paid		Julian A Joppy, EA	Julian A Joppy, EA	.	11/10/2023		if P0209	8127		
Prepa		Firm's name   IA   Tay & Accounting Services   I C   Firm's FIN   83					3-4557257			
Use (	Unly	Firm's address 4910 NW 82nd Ave, Suite 2005, Lauderhill, FL 33351 Phone no. (954) 769-1640								
May th	ay the IRS discuss this return with the preparer shown above? See instructions									

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number National Queer Theater 83-0895347 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

-	U L	Neason for Fublic Chai	ity Status. (All Of	gariizations must co	illibicie i	1113 part. <i>)</i>	oce manuchons.			
	orga	anization is not a private foundat	•	•	-		,			
1		A church, convention of church				170(b)(1)(	(A)(i).			
2		A school described in <b>section</b> 1		,	, ,					
3		·	oital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ш		earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
_		hospital's name, city, and state								
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	ed by a go	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmer	ntal unit described in <b>se</b>	ection 170	(b)(1)(A)(	v).			
7		An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
9		An agricultural research organic or university or a non-land-grar university:	nt college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or		
10	X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)									
11		An organization organized and	operated exclusivel	ly to test for public safe	ty. See <b>s</b> e	ection 509	9(a)(4).			
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							n 509(a)(3).		
b	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 III									
f		functionally integrated, or Ty Enter the number of supported	•	· ·	ig organiz			0		
a q		Provide the following information								
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
A)										
B)										
C)										
D)										
E)										
ota	ıl						0	0		

Schedule A (Form 990) 2022 National Queer Theater 83-0895347 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 4 Total. Add lines 1 through 3 . . . . . . 0 0 0 0 **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) . . . . . .

Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4								
Calendar year (or fiscal year beginning in)  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total  Amounts from line 4.  0 0 0 0 0 0 0 0 0  0  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions).  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage for 2022 (line 6, column (f), divided by line 14, so 31/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, theek this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, theek this box and stop here. Explain in Part VI how 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, Check this box and stop here. Explain in Part VI how 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, Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circ	6	Public support. Subtract line 5 from line 4						0
7 Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions).  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage from 2021 Schedule A, Part II, line 14.  16 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 publi	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
rents, royalties, and income from similar sources	-		0	0	0	0	0	0
similar sources		payments received on securities loans,						
activities, whether or not the business is regularly carried on								0
loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions).  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage from 2021 Schedule A, Part II, line 14.  16 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  17b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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.	9	activities, whether or not the business is						0
Total support. Add lines 7 through 10	10	loss from the sale of capital assets						0
12 Gross receipts from related activities, etc. (see instructions). 12  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)). 14 0.00%  15 Public support percentage from 2021 Schedule A, Part II, line 14 15 0.00%  16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  15 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.  16 a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	11							0
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage from 2021 Schedule A, Part II, line 14.  16 0.00%  16 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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.	12	• • • • • • • • • • • • • • • • • • • •	ee instructions) .				12	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	13	First 5 years. If the Form 990 is for the orga	anization's first, sec	cond, third, fourth, o	or fifth tax year as	a section 501(c)(3)	<del></del>	
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2021 Schedule A, Part II, line 14  33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, 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.		organization, check this box and stop here						
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2021 Schedule A, Part II, line 14  33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, 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.	Sec	tion C. Computation of Public Su	pport Percenta	age				
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					(f))		14	0.00%
and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	15	Public support percentage from 2021 Sched	ule A, Part II, line 1	14			15	0.00%
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a	33 1/3% support test—2022. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	<u> </u>
box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		and <b>stop here</b> . The organization qualifies as	s a publicly support	ted organization .				
<ul> <li>17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	b	33 1/3% support test—2021. If the organiz	ation did not check	ca box on line 13 c	r 16a, and line 15	is 33 1/3% or more	, check this	<del></del>
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		box and <b>stop here.</b> The organization qualified	es as a publicly sup	oported organizatio	n			
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	b	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	18	· ·			* *			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	any ander the t	ooto notog boto	w, piodee com	pioto i art ii.j		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		` ,	` '	. ,	` '	
	received. (Do not include any "unusual grants.")		64,121	145,610	174,602	140,006	524,339
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				10,481	20,437	30,918
3	Gross receipts from activities that are not an						·
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	64,121	145,610	185,083	160,443	555,257
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from		0	0	U	U	0
Ü	line 6.)						555,257
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	64,121	145,610	185,083	160,443	555,257
10a	Gross income from interest, dividends,						·
	payments received on securities loans, rents,						
	royalties, and income from similar sources		190	16	3	3	212
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	190	16	3	3	212
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						•
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	0	04.044	445.000	405.000	400 440	555 400
4.4	and 12.)		64,311	145,626	185,086	160,446	555,469
14	organization, check this box and <b>stop here</b> .			•	( /( /		
S00	ction C. Computation of Public Sup						· · · · · <u>L</u>
15	Public support percentage for 2022 (line 8, c			f))		15	99.96%
16	Public support percentage from 2021 Sched	, ,		**		16	0.00%
	ction D. Computation of Investmen						0.0070
17	Investment income percentage for 2022 (line			olumn (f))		17	0.04%
18	Investment income percentage from <b>2021</b> So		-			18	0.00%
	33 1/3% support tests—2022. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s	top here. The orga	nization qualifies	as a publicly suppo	rted organization .		X
b	33 1/3% support tests—2021. If the organi						T
	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19l	o, check this box ar	nd see instructions		

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
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Schedul	ule A (Form 990) 2022 National Queer Theater	83-0895347		Pa	ge <b>5</b>
Part l	V Supporting Organizations (continued)				
		_	Ye	es	No
11	Has the organization accepted a gift or contribution from any of the fol				
а	A person who directly or indirectly controls, either alone or together wi	-			
	11c below, the governing body of a supported organization?	11	_		
b	A family member of a person described on line 11a above?	22 If "Voo" to line 11 o 11 o 11 o movido	D		
С	A 35% controlled entity of a person described on line 11a or 11b abov detail in <b>Part VI</b> .	e?ir Yes to line 11a, 11b, or 11c, provide			
Section	tion B. Type I Supporting Organizations		<u>.                                     </u>		
Occu	non B. Type i Supporting Organizations		Y	es	No
1	Did the governing body, members of the governing body, officers acting in the	eir official canacity or membership of one or		-3	140
•	more supported organizations have the power to regularly appoint or elect at				
	directors, or trustees at all times during the tax year? If "No," describe in Par				
	effectively operated, supervised, or controlled the organization's activities. In				
	organization, describe how the powers to appoint and/or remove officers, di				
	supported organizations and what conditions or restrictions, if any, applied to				
2	Did the organization operate for the benefit of any supported organiza	tion other than the supported			
	organization(s) that operated, supervised, or controlled the supporting	organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported	ed organization(s) that operated,			
	supervised, or controlled the supporting organization.	2			
Secti	tion C. Type II Supporting Organizations				
		<u> </u>	Ye	es	No
1	Were a majority of the organization's directors or trustees during the ta				
	or trustees of each of the organization's supported organization(s)? If				
	or management of the supporting organization was vested in the same				
Coot:	the supported organization(s).	1			
Secti	tion D. All Type III Supporting Organizations			es	No
1	Did the organization provide to each of its supported organizations, by	the last day of the fifth month of the	16	38	NO
•	organization's tax year, (i) a written notice describing the type and amount	•			
	year, (ii) a copy of the Form 990 that was most recently filed as of the				
	organization's governing documents in effect on the date of notification	` ' '			
2	Were any of the organization's officers, directors, or trustees either (i)				
	organization(s) or (ii) serving on the governing body of a supported or				
	the organization maintained a close and continuous working relations	·			
3	By reason of the relationship described on line 2, above, did the organ	· · · · · · · · · · · · · · · · · · ·			
	a significant voice in the organization's investment policies and in direct	cting the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in	Part VI the role the organization's			
	supported organizations played in this regard.	3			
Secti	tion E. Type III Functionally Integrated Supporting Organiza	tions			
1	Check the box next to the method that the organization used to satisfy		ns).		
а	The organization satisfied the Activities Test. Complete line 2 below	v.			
b	The organization is the parent of each of its supported organization	s. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Par	t VI how you supported a governmental entity (see instri	ıctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Ye	es	No
а	Did substantially all of the organization's activities during the tax year	directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive	e? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities di	rectly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations	s, and how the organization determined			
	that these activities constituted substantially all of its activities.	22	1		
b	Did the activities described on line 2a, above, constitute activities that	-			
	one or more of the organization's supported organization(s) would have				
	Part VI the reasons for the organization's position that its supported or				
_	these activities but for the organization's involvement.	21	,		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	in the second se			
а	Did the organization have the power to regularly appoint or elect a ma	-			
h	trustees of each of the supported organizations? <i>If "Yes" or "No," prov</i>				
b	Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes," describe in <b>Part VI</b> the role plant of the organization of its supported organization.				
	or its supported organizations: it ites, describe in Fait vi tile fole pi	zyou by the organization in this regard.	<u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust o	on Nov. 20, 1970 <i>(explain i</i>	n Part VI). See	
instructions. All other Type III non-functionally integrated supporting orga	anization	s must complete Sections	A through E.	
Section 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	0	0	
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	0	0	
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)	
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>b</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	0	0	
e Discount claimed for blockage or other factors				
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3	0	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4	0	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0	
6 Multiply line 5 by 0.035.	6	0	0	
7 Recoveries of prior-year distributions	7	0	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0	
2 Enter 0.85 of line 1.	2		0	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0	
4 Enter greater of line 2 or line 3.	4		0	
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		0	
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting of		
instructions).	, ,	,, ,,	• (	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 **5** Qualified set-aside amounts (prior IRS approval required—provide details in **Part VI**) 5 6 Other distributions (describe in Part VI). See instructions. 6 **7 Total annual distributions.** Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 **9** Distributable amount for 2022 from Section C, line 6 9 0 **10** Line 8 amount divided by line 9 amount 10 0.000 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 0 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . . . . . . 0 0 **b** From 2018 . . . . . . . 0 **c** From 2019 . . . . . . . . **d** From 2020 . . . . . . . 0 0 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years 0 **h** Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: **a** Applied to underdistributions of prior years 0 **b** Applied to 2022 distributable amount 0 c Remainder. Subtract lines 4a and 4b from line 4. 0 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. 0 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: 0 **a** Excess from 2018 . . . . **b** Excess from 2019 . . . . . 0 0 **c** Excess from 2020 . . . . . **d** Excess from 2021 . . . . 0 e Excess from 2022. 0

Schedule A (Form 990) 2022 **National Queer Theater** 83-0895347 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)