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**Return of Organization Exempt From Income Tax** 

rectain or e	ngamzado	exempt i	01111 11100	,,,,,	ux
Under section 501(c), 527,	or 4947(a)(1) of th	e Internal Revenue	Code (except	private fo	oundations

Do not enter social security numbers on this form as it may be made public

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Form 990 (2018)

Internal Reven	ue Service	► Go to ww	w irs gov/Form990 for inst	tructions an	d the latest int	formation.	YV.	Inspection
A For the	e 2018 calenda	ar year, or tax year beginning	$9/01/18$ , and $\epsilon$	ending (	08/31/1	.9		
B Check if ap		e of organization					D Employer id	fentification number
Address ct	· B	Palm Beac	h Dramaworks,	Inc				
Audiess a	· –		ir bramaworks,				65-10	40048
Name cha	nna L	g business as ber and street (or P O box if mail is not deliver	od In street address)		γ	Room/suite	E Telephone n	
Initial retur	1 00	1 Clematis Street	ed to street addless)			Nonvisule		14-4042
Final return	"	or town, state or province, country, and ZIP or	foreign postal code					
terminated								2 222 22
Amended		st Palm Beach	FL 33401				G Gross receip	3,283,90
	r Nami	e and address of principal officer				H(a) la thia a ann	( 6	ordinates? Yes X No
Application	pending Su	e Ellen Beryl				H(a) Is this a gro	up return for subt	olouiques. Dies Tr
	20	1 Clematis Street	t		0-	H(b) Are all subo	ordinates include	d? ∐ Yes ∐ No
	We	est Palm Beach	FL 3340	1	. (/)	If "No,"	attach a list (se	e instructions)
	137	<del></del>				1 .		
I Tax-exem		<u> </u>		(1) or	162/	1	_	
J Website		palmbeachdramawor		——-}		H(c) Group exer	nption number	
K Form of a	rganization X	Corporation Trust Association	Other >		L Ye	ar of formation 4		State of legal domicile $\mathbf{F}$
Part I	Summa	ry						
1 8	Bnefly describe t	the organization's mission or most s	significant activities	•		<u> </u>		
Į.	See Sche	•			1	762 JUL	1 7 2020	101
20	200 300				i	0		RS-OSC
<u>a</u>					- 1		-	
ē					į	OGD	EN, UT	
ရွှိ   2 C	Check this box	▶ ☐ if the organization discontinu	ed its operations or disp	osed of mo	re than 25%	of its net assets		<del>J</del>
2 3 N	Number of voting	g members of the governing body (	Part VI, line 1a)				3	21
S 4 N	Number of Indep	pendent voting members of the gove	eming body (Part VI. line	1b)			4	19
<b>≔</b> 1		individuals employed in calendar ye					5	85
숲 :			ai 2010 (i ait v, iiic 2a)	ľ				340
		volunteers (estimate if necessary)	10. 1 10					(
<u> </u>		ousiness revenue from Part VIII, col	• • •				7a	
_ <u> b                                 </u>	let unrelated bu	isiness taxable income from Form 9	990-T, line 38				7b	(
						Pnor Yea		Current Year
g 8 C	Contributions an	d grants (Part VIII, line 1h)					7,360	1,427,215
ਫ਼ੋ  9 ਸ	Program service	revenue (Part VIII, line 2g)			L	1,520	0,493	1,546,147
9 P	nvestment incor	me (Part VIII, column (A), lines 3, 4	and 7d)		Γ		3,156	4,774
ř 11 0	Other revenue (f	Part VIII, column (A), lines 5, 6d, 8c	9c 10c and 11e)			200	0,439	230,781
1	-	add lines 8 through 11 (must equal	•	۵ 12\	<u> </u>		1,448	3,208,917
				<u>C 12)</u>		0,02.	-,	3,200,31
		ar amounts paid (Part IX, column (/					·	
14 8	Benefits paid to (	or for members (Part IX, column (A	), line 4)		<u> </u>			(
ဖွူ 15 S	Salanes, other co	ompensation, employee benefits (P	art IX, column (A), lines	5–10)	L	1,74	3,965	1,806,738
16aP	rofessional fund	draising fees (Part IX, column (A), I	ine 11e)		Į.			(
8 ьт	otal fundraising	expenses (Part IX, column (D), line	e 25) 🕨	159,28	4			
.5.1	_	(Part IX, column (A), lines 11a-11d	•	•	٣	1.43	5,013	1,449,906
'' "	•	• • • • • • • • • • • • • • • • • • • •			<u> </u>		3,978	3,256,64
		Add lines 13–17 (must equal Part I			}-			
19 R	Revenue less ex	penses Subtract line 18 from line	12	<del></del>			7,530	-47,72
19 8					<u> </u>	Beginning of Cur		End of Year
<u>ౙౢౚ</u> 20 T	otal assets (Par	rt X, line 16)			<u> </u>		6,969	5,750,151
弯 21 T	otal liabilities (P	'art X, line 26)			Ĺ		1,316	182,225
<sup>፷</sup> 뎚 22 N	let assets or fur	nd balances Subtract line 21 from I	ine 20		Ţ	5,61	5,653	5,567,920
Part II		re Block						<u> </u>
		declare that I have examined this return Declaration of preparer (other than office					my knowledge	e and belief, it is
	a, and whiplete	The state of the s						10 404 5
į		me curxery,	man. Our	<u> </u>				10.2020
Sign	Signature of	of officer					Date	
lere	Sue	Ellen Beryl			Managi	.ng Dire	ctor	
		nt name and trile						
	Print/Type preparer	<del> </del>	Perference numero	- 114		Date	- I a: . I	d PTIN
) nia			PERU UNIO		<b>⊅</b> −	l l	Check	J "
	EDWARD T. HO		EDWARD T. HOLT, C			07/06/	20 self-emplo	
reparer	Firm's name	Nowlen, Holt 8				F:	m's EIN	59-2749772
Jse Only	<del></del> -	515 N. Flagle:	Drive, Ste	. 1700	)			<del></del>
	Firm's address	West Palm Beach		1-4330		D	hone no	561~659-3060
Any the IDS								
ay the IRS	o aiscuss this re	turn with the preparer shown above	er (see instructions)					X Yes No

For Paperwork Reduction Act Notice, see the separate instructions DAA

mm 990 (2018) Palm Beach Dr		65-1040048	Pag
	Service Accomplishments ntains a response or note to any line	in this Dart III	
Bnefly describe the organization's mission		III IIIIS Pait III	
See Schedule O			
Did the organization undertake any signif	icant program services during the year which w	vere not listed on the	
pnor Form 990 or 990-EZ?	0.1.1.0		Yes X
If "Yes," describe these new services on	Schedule O r make significant changes in how it conducts,	any program	
services?	i make significant changes in now it conducts,	any program	Yes X
If "Yes," describe these changes on Scho	edule O		
Describe the organization's program serv	rice accomplishments for each of its three large	est program services, as meas	sured by
	4) organizations are required to report the amo	unt of grants and allocations to	o others,
the total expenses, and revenue, if any, f	or each program service reported		
(Code ) (Expenses \$	2,180,780 including grants of \$	) (R	evenue \$ 1,498,18
See Schedule O	, ,		
development of new pl submitted scripts for adjudicated by a grou staged readings at ou with an opportunity f	our efforts are focused ays through our Dramaw playwrights around the pof artists. 5 final I New Year/New Play Feor the playwright to a patrons attended the 5	orkshop. We re e country which ists are select stival over 3 o ttend and garne	eceive agent n are read and ted to receive days in January
c (Code ) (Expenses \$ See Schedule O	138,700 including grants of \$	) (R	evenue \$
		•	
	•		
(Expenses \$ 17,147	including grants of \$	) (Revenue \$	6,260 )
4d Other program services (Describe in Sch (Expenses \$ 17,147)  4e Total program service expenses ▶  A		) (Revenue \$	6,260 )

Checklist of Required Schedules Y<u>es</u> No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II 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 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20ь b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 12 If "Yes," complete Schedule I, Parts I and II

X

P	art 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	<b>_</b>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			37
	employees? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	İ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K If "No," go to line 25a	24a	$\vdash$	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a		240		
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}	Ì	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	- }	]	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	l		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		х
33		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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		
<b>J</b>	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L
P	art.♥ Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 51			Ė
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	-		Ė
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	000	<u> </u>
		Fo	m マゴし	(2018)

Pa	at V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)	<del></del>										
				<b></b>	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	85										
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-		х							
3a	• .												
b													
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	onty o	ver,		ļ								
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac-	count)	?	4a	ļ	X							
b	If "Yes," enter the name of the foreign country		_										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of	ounts (	FBAR).	5a		x							
5a													
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		<u>5b</u>		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c_									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				'	₹.							
_	organization solicit any contributions that were not tax deductible as chantable contributions?			6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		6.	ļ								
_	gifts were not tax deductible?			6b	<u> </u>								
7	Organizations that may receive deductible contributions under section 170(c).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ıs		<b>-</b> -	х								
	and services provided to the payor?			7a 7b	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			/B	<u> </u>	L							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		х							
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	10-									
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e		X							
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	7g		X							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		-	7h		X							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			<u> </u>									
•	sponsoring organization have excess business holdings at any time during the year?	,		8	[ 1	Ī							
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		1							
ь	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?			9b		_							
10	Section 501(c)(7) organizations. Enter												
а	Initiation fees and capital contributions included on Part VIII, line 12	10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter												
а	Gross income from members or shareholders	11a											
þ	Gross income from other sources (Do not net amounts due or paid to other sources												
	against amounts due or received from them )	11b											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	0417	•	12 <u>a</u>									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- <u></u>	_									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				i								
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												
þ	Enter the amount of reserves the organization is required to maintain by the states in which		1										
	the organization is licensed to issue qualified health plans	13b											
С	Enter the amount of reserves on hand	13c	<u> </u>		<b> </b>								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	-	X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or			} i	77							
	excess parachute payment(s) during the year?			15	ļ	X							
	If "Yes," see instructions and file Form 4720, Schedule N			-		4,5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16	ļ	X							
	If "Yes," complete Form 4720, Schedule O				L	<u> </u>							

1428	6										
Sorn	n 990 (2018) Palm Beach Dramaworks, Inc. 65-1040048		Б	age 6							
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N		age 0							
1 6	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See										
	Check if Schedule O contains a response or note to any line in this Part VI	11101100		X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   21		- 3								
	If there are material differences in voting rights among members of the governing body, or	7									
	if the governing body delegated broad authority to an executive committee or similar			,							
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19	_									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2	X								
3	Did the organization delegate control over management duties customanly performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X							
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1									
	one or more members of the governing body?	7a		<u> </u>							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1									
	stockholders, or persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
þ	Each committee with authority to act on behalf of the governing body?	8b	X								
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	Ì									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	oae.)									
		40.	Yes	No_X							
l0a	Did the organization have local chapters, branches, or affiliates?	10a									
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106									
14-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		X							
l1a h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a									
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$ \mathbf{x} $								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	126		<del></del> -							
Ŭ	describe in 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	Х								
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	x								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		X							
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	and analysis in terms and the second and the second and the second and the second and the second and the										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		organization's exempt status with respect to such arrangements?								
		16b	I								
Sec		16b									
	organization's exempt status with respect to such arrangements?	16b									
Sec 17	organization's exempt status with respect to such arrangements?	16b									
17	organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed FL	16b									
17	organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	16b									

FL 33401

561-514-4042 Form 990 (2018)

Sue Ellen Beryl

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

201 Clematis Street

Form 990 (20	18) Palm Beach Dramaworks	Inc.	65-1040048	Page <b>7</b>				
Part VII	Compensation of Officers, Directors,	Trustees	, Key Employees, Highest Compensated Employees, a	nd				
	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 Highes	st Compensated Employees					
1a Complete	this table for all passage conjused to be listed. Done	d compone	then for the colondar year anding with an within the					

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

(A)	(B)	Τ		(0	>)		$\neg$	(D)	(E)	(F)
Name and Title	Average hours per week (list any	bo	x, unie	ess pe	more i	than on s both a r/truster	an e)	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(88-21 (033-48)3-6)	organization and related organizations
(1)William Hayes										
	0.00	1					Į			_
Prod. Art. Director	0.00	X		L				132,064	0	0
(2) Sue Ellen Beryl						li	- {			
	0.00	1	ł							
Managing Director	0.00	X	L.					126,597	0	0
(3) Stephen Brown		1								
	0.00	1							Ì	
Chair	0.00	X		X				0	0	0
(4) Donald A. Brown									Ī	
	0.00		Ì							
Vice Chair	0.00	X		X				0	0	0
(5) Louise Snyder										
	0.00									
Vice Chair	0.00	X		X			ļ	o	0	0
(6) Tom Streit		T								
	0.00	1					Į		Ì	
Vice Chair	0.00	X		x			İ	0	0	0
(7) Carlton Moody		1								
•	0.00			ļ			Ì			
Secretary	0.00	X		x		1 1	ł	o	ol	0
(8) Lew Kramer		1								
	0.00	1				1 1	- (		ĺ	
Treasurer	0.00	X		x		۱ ۱		o	0	0
(9) Penny Bank		†==	_							····
(0,1 2000)	0.00						j			
Director	0.00	x						o	o	0
(10) Tina Bolton	0.00	+	-			-	_	<del></del>		<u> </u>
(10) Tana Boaton	0.00					1				
Director	0.00	x					1	o	o	0
(11)Esther Dinerstei		1~			-		$\dashv$			
(11) FIGURE DIMETS (61	0.00		, ,				- 1			
Director		x						o	o	0
DIRECTOR	0.00	J.A.	L						<u> </u>	Form <b>990</b> (2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, uni	Pos check ess pe	rson ı	than o s both	an e)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	, co	(F) Estimated amount of other impensation from the	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	( · · · · · · · · · · · · · · · · · · ·	0. 2	rganization and related ganizations	
(12) Larry Goldfei		1	T									
Director	0.00	x						0	0			0
(13) Ralph Guild	0.00	1		ļ			Ì			ł		
Director	0.00	x		i				0	o	ĺ		0
(14) Sherry Jacobs		1		_	-	-	-	1		<del></del>		
(1), 11111 <u>1</u> 111111	0.00			1	l							
Director	0.00	X						0	0			0
(15) Marilyn Meyer			1									
<b>D</b> : 4	0.00	1	]				}			]		^
Director (16) Mark Perlberg	0.00	X	$\vdash$	<u> </u>	-	ļ	-	0	0			0
(10) Mark reriberg	0.00			Ì	Ì							
Director	0.00	x		ĺ				0	o			0
(17) Stephen Rabb												
	0.00	Í		ĺ	ĺ							^
Director (18) Ed Ricci	0.00	X	┢	-				0	0	<del></del>		0
(18) Ed RICCI	0.00	1		ľ						{		
Director	0.00	x						0	О			0
(19) Mimi Walsh		1	<u> </u>									
	0.00					1		_	_			_
Director	0.00	X	<u>L</u> .	L	<u> </u>	L_	<u> </u>	0 050 661	0	<u> </u>		0
1b Sub-total		47						258,661		<del> </del>		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ecu	оп А				<b>-</b>	258,661				
Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ve)		00,000 of			7
3 Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated	I		Yes	No X
4 For any individual listed on line organization and related organi	1a, is the sum o	f rep	ortab	le co	mpe	ensat	เอก ส		m the			x
individual  5 Did any person listed on line 1a for services rendered to the ord									dividual		5	x
Section B. Independent Contractor		.s, c	omp.	CIE .	SCITE	uuie	<u> </u>	i sucii persoii			<u></u>	
Complete this table for your five compensation from the organize	e highest compe											
Name and	(A) business address					_		Descrip	(B) tion of services		(C) Compens	ation
							-					
		_										<del></del>
Total number of independent or received more than \$100,000 or								listed above) who	0			

_	_		-	$\sim$	4	$\sim$	$\sim$		$\sim$	
•	~	_			4		11	4	ж	

1	,
Page	8

Pai	Section A. Officers	, Directors, T	rustee	s, K	ey E	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)	<del>,</del>		
	(A) Name and title	(B) Average hours per week (list any	b	ox, un	Pos check less po	erson	than o	an	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	a Cor	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(17.2 1033 11100)	or	ganizatio	d
(20		0.00											
	ector ) Hermine Drezn	0.00	) <u>X</u>	+-	┼-	-	<del> </del>	-	0	0	<del> </del>		0
(21	) Hermine Drezi	0.00	.								Į		
Dir	ector	0.00		-	-	-	-	<u> </u>	0	0			0
				-									
					-	_							
				-	-	-							·
		<u> </u>		<u> </u>			<u> </u>	_			<u> </u>		
1b C	Sub-total Total from continuation shee	ets to Part VII	, Secti	on A				<b>&gt;</b>					
	Total (add lines 1b and 1c)							<u> </u>	L		<u> </u>		
2	Total number of individuals (increportable compensation from			to th	nose	liste	d abo	ve)	who received more than \$1	00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," or								ree, or highest compensated	i		3 Y	es No
4	For any individual listed on line organization and related organization	1a, is the sun	of rep	ortal	ble c	ompe	ensat	ion :		m the		4	
5	Individual Did any person listed on line 1a									dividual			
Secti	for services rendered to the org on B. Independent Contractor		res, c	ютр	nete	Sche	auie	J 10	r sucri person			5	
1	Complete this table for your five compensation from the organiz												
		(A) business address	bompe	rioun	01110	<u> </u>	Caic			(B) ston of services		Comp	C) ensation
			_										
		_	4	-									
			<u>-</u> -										
2	Total number of independent or							ose	listed above) who			•	

	1 VI		nue	ains a response	e or	note to any line in	this Part VIII		
		Check ii Ochedule (		umo u Toopeno		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grits, grants, and similar amounts not included above Noncash contributions included in lines 1a-	1a 1b 1c 1d 1e 1f	189,72 1,237,49 13,30	)2				
and	_	Total. Add lines 1a-1f		<b>&gt;</b>		1,427,215			
Program Service Revenue	2a b c	Ticket Sales Guild Membership Bandling Fee		7111 7111 7111	10 10	1,498,124 32,000 16,023	1,498,124 32,000 16,023		
m Se	d e			-	$\dagger$				
Progra		All other program service rever Total. Add lines 2a–2f				1,546,147			
	3	Investment income (including of and other similar amounts) Income from investment of tax	•	•	10,760	10,760			
	5 6a b	Royalties (i) Real Gross rents 27	,702 ,800	(ii) Personal					
	c d 7a	Rental inc or (loss) 19  Net rental income or (loss)  Gross amount from (i) Securitie	, 902	(ii) Other	•	19,902			19,902
Other Revenue	b c d	sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss) Net gain or (loss) Gross income from fundraising eve		5,9	_	-5,986	-5,986		
	C	(not including \$ of contributions reported on line 10 See Part IV, line 18 Less direct expenses Net income or (loss) from func	<b>a</b> <b>b</b> draising	61,2		165,799			165,799
	Ь	Gross income from gaming activities See Part IV, line 19 Less direct expenses Net income or (loss) from gar	a b		<b>-</b>				
	10a	Gross sales of inventory, less returns and allowances Less cost of goods sold	of inventory, less illowances a						
	<u> </u>	Net income or (loss) from sale		ventory Busn C	ode		<u> </u>		
	112			7111					21,665
	ь	_		711:					13,401
	0	Concessions		711:	L10	10,014	-		10,014
	d			L	_	45,080			
	12	Total. Add lines 11a–11d Total revenue. See instruction	ons		<u> </u>	3,208,917		-	0 230,781

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 118,312 114,483 258,661 25,866 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,314,270 880,086 342,376 91,808 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 117,770 46,796 70,974 Other employee benefits 116,037 74,263 33,651 8,123 10 Payroll taxes Fees for services (non-employees) a Management Legal 13,800 13,800 c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 17,978 4,873 13,105 (A) amount, list line 11g expenses on Schedule O) 180,520 168,788 11,732 12 Advertising and promotion 37,009 6,289 30,083 637 13 Office expenses 14 Information technology 152,510 134,499 18,011 15 Royalties 10,936 157,649 146,713 16 Occupancy 81,562 81,562 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 8,978 197,653 188,037 638 22 Depreciation, depletion, and amortization 56,963 44,577 12,386 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 296,167 296,167 Stages Costumes & Props 58,978 6,553 65,531 Repairs & Maintenance 59,951 29,307 Other Expenses 16,808 13,836 45,307 45,307 Actors & Director 38,028 6,644 87,306 42,634 e All other expenses 2,375,420 721,940 159,284 3,256,644 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest bearing 1,954,226 480,045 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 12,205 12,205 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 4,916,228 other basis Complete Part VI of Schedule D 10a 382,126 3,636,384 3,534,102 10b 10c b Less accumulated depreciation 1,524,903 11 11 Investments—publicly traded securities 12 12 Investments--other securities See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 Intangible assets 14 198,896 154,154 15 15 Other assets See Part IV, line 11 5,756,969 5,750,151 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 3,663 17 17 Accounts payable and accrued expenses 18 18 Grants payable 8,000 8,000 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 129,653 171,132 25 of Schedule D 141,316 182,225 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,871,934 4,801,346 27 Unrestricted net assets 743,719 766,580 28 28 Temporanly restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 5,567,926 5,615,653 Total net assets or fund balances 33 5,756,969 5,750,151 Total liabilities and net assets/fund balances

Form	990 (2018) Palm Beach Dramaworks, Inc. 65-1040048			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2		
3	Revenue less expenses Subtract line 2 from line 1	3			727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,6	<u>15,</u>	<u>653</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	] ]			
	33, column (B))	10	5,5	<u>67,</u>	926
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				İ
	Schedule O				ŧ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			;	•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ŧ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1		1
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			For	m 990	0 (2018)

## SCHEDULE A (Form 990 or 990-EZ)

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.

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

2018

Employer identification number

Open to Public Inspection

Palm Beach Dramaworks, Inc. 65-1040048 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or |X| An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 (iii) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see organization document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Palm Beach Dramaworks, Inc.

65-1040048

age 2

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

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

Sec	tion A. Public Support	7		·£			/	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,112,793	1,384,869	1,396,352	1,297,360	1,427,215	8,618,589	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge					/		
<b>4</b> <b>5</b>	Total. Add lines 1 through 3  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	3,112,793	1,384,869	1,396,352	1,291,360	1,427,215	8,618,589	
	shown on line 11, column (f)						221,714	
6	Public support. Subtract line 5 from line 4			f	•		8,396,875	
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·	
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) <u>2</u> 016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	3,112,793	1,384,869	1,396,352	1,297,360	1,427,215	8,618,589	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,110	27,136	29,206	30,117	27,702	116,271	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u> </u>			
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	L	¥				8,734,860	
12	Gross receipts from related activities, etc. (s	7					8,422,948	
13	First five years. If the Form 990 is for the o	• /	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	٠	
500	organization, check this box and stop here tion C. Computation of Public Su							
		<del>· · · · · / · · · · · · · · · · · · · ·</del>				144	26.129/	
14	Public support percentage for 2018 (line 6,	,	-	17)		14	96.13%	
15 16a	Public support percentage from 2017 Sched 33 1/3% support test—2018. If the organization qualifier	zation did not check	the box on line 13	-	1/3% or more, chec	<u>-</u>	96.19% ► X	
b	33 1/3% support test—2017. If the organization qu				s 33 1/3% or more,	check	▶ □	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
b	organization  10%-facts-and-circumstances test—201  15 is 10% or more, and if the organization in Explain in Part VI how, the organization mee	neets the "facts-and	d-circumstances" te	est, check this box	and stop here.		<b>▶</b> []	
18	supported organization  Private foundation. If the organization did instructions						<b>▶</b> □	
						Schedule A (Form 9	90 or 990-EZ) 2018	

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	tion A. Public Support	quality under the	tests listed by	ciow, picase coi	inpicte rate in		
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership		<u> </u>		_ `	` '	
	fees received (Do not include any "unusual grants")	3,112,793	1,384,869	1,396,352	1,297,360	1,427,215	8,618,589
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	1,940,211	1,861,863	1,543,474	1,520,493	1,556,907	8,422,948
3	Gross receipts from activities that are not an unrelated trade or business under section 513	289,891	291,909	266,469	243,897	272,080	1,364,246
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,342,895	3,538,641	3,206,295	3,061,750	3,256,202	18,405,783
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<del></del>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	<u> </u>					
8	Public support. (Subtract line 7c from line 6)	1	1				10 405 702
Sec	tion B. Total Support	L		1	4		18,405,783
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	5,342,895	3,538,641	3,206,295	3,061,750	3,256,202	18,405,783
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,110	27,136	29,206	30,117	27,702	116,271
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
С	Add lines 10a and 10b	2,110	27,136	29,206	30,117	27,702	. 116,271
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						<del>-</del>
13	Total support. (Add lines 9, 10c, 11,		}	1	1	}	
	and 12)	5,345,005	3,565,777	3,235,501	3,091,867	3,283,904	18,522,054/
14	First five years. If the Form 990 is for the o		econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	. 🗀
<del></del>	organization, check this box and stop here	<del></del>		<del></del>	<del></del>		
	tion C. Computation of Public Su	<del></del>				17-1	
15	Public support percentage for 2018 (line 8,	• • • • • • • • • • • • • • • • • • • •	•	1))		15	99.37%
16	Public support percentage from 2017 Scher tion D. Computation of Investment				· <del></del>	16	99.51%
				oluma (fi)	<del></del>	17	1 9/
17 18	Investment income percentage for 2018 (Iir Investment income percentage from 2017 §	• •	-	olulini (1 <i>))</i>		18	1 %
10 19a	33 1/3% support tests—2018. If the organ			1 and line 15 is mor	re than 33 1/3% a		
ıJa	17 is not more than 33 1/3%, check this box						×
ь	33 1/3% support tests—2017. If the organ	<u>=</u>	- ·				
-	line 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did	-	•		•		▶ 🗌

### Supporting Organizations

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

Section	Α.	ΑII	Sup	porting	Orga	nizations
~~~		,	~~	P	~.9.	

- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- 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 chantable 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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	ļ	
3a	<del> </del>	
3b	ì	
3c	<u> </u>	
4a	ļ	
4b		
170	<u> </u>	
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	},	
5a		
30		
_5b	1	ļ
5c		
6	-	
7	1	
8	<u> </u>	
9a	ļ	
9b	1	
30		
9c		
10a		
10b	190 or 990	E7) 0040

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Pai	t IV Supporting Organizations (continued)			
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	L
Sect	ion B. Type I Supporting Organizations			
	Out the directors to the second control of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of the second director of th	[	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			•
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	1		<del> </del>
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
		2		1
Sect	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	لگلل		L
3001	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	1.0
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1		]
Sect	ion D. All Type III Supporting Organizations			L
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		^	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	•	Ì
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		1
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	· · · · · · · · · · · · · · · · · · ·	<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		•	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported proapizations? If "Ves." describe in Part VI the role played by the proapization in this regard	3h		1

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2	0, 197	0 (explain in Part VI) See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7,7,7,10,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,0,7,10,10,10,10,10,10,10,10,10,10,10,10,10,	(optional)
1_	Net short-term capital gain	1_		
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	·	
5	Depreciation and depletion	_5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			•
col	lection of gross income or for management, conservation, or	[		
ma	intenance 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) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year).			
	a Average monthly value of secunties	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		
	e 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 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by 035	6		·
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Sect	ion C - Distributable Amount			Ситепt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
	ergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a see functionally integrated Tun	o III ei	innorting organization (see	

	e A (Form 990 or,990-EZ) 2018 Palm Beach Dramawo		65-1040	048 Page 7
Part		upporting Organizati	ions (continued)	Comment Value
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes	<u> </u>		<u> </u>
2				
	organizations, in excess of income from activity	_,		
3	Administrative expenses paid to accomplish exempt purposes of supporte	ed organizations		_ <del></del>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<del></del> _
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			( 
10	Line 8 amount divided by line 9 amount			· · · · · · · · · · · · · · · · · · ·
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			,
f	Total of lines 3a through e	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			

a Excess from 2014b Excess from 2015c Excess from 2016

d Excess from 2017 e Excess from 2018 .

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65-1040048

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

# SCHEDULE 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.

Emplo

2018

Open to Public Inspection

OMB No 1545-0047

Name	of the organization		Employer	identification number ·
P	alm Beach Dramaworks, Inc.		65-1	040048
	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Ac		
	Complete if the organization answered "Yes" on I			
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			<del> </del>
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	inting that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	ct I Conservation Easements.	5 000 Dort IV line 7		
	Complete if the organization answered "Yes" on I			
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
_	Preservation of open space	ation and the term of a concentration	••	
2	Complete lines 2a through 2d if the organization held a qualified conserve easement on the last day of the tax year	ation contribution in the form of a conservation		Held at the End of the Tax Year
_	Total number of conservation easements		2a	rield at the Lind of the Tax Teal
a	Total acreage restricted by conservation easements		2b	<del></del>
b b	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
d		• •		
ŭ	historic structure listed in the National Register	o, and not on a	2d	
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization of	during the	<del></del>
	tax year >		_	
4	Number of states where property subject to conservation easement is lo	cated >		
5	Does the organization have a written policy regarding the periodic monitor	onng, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easen	nents dur	ing the year
	<b>•</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violating	tions, and enforcing conservation easements	s during t	he year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy th	e requirements of section 170(h)(4)(B)(i)		Гэ., Гэ.,
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer			
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that descri	bes the	
- D	organization's accounting for conservation easements  If the Organizations Maintaining Collections of Art,	Historical Transuras or Other Si	milar /	\cente
F	Complete if the organization answered "Yes" on I		IIIIIai F	155615.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not	<del></del>	ce sheet	
14	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		sheet	
_	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	· ·		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b>	\$
h	Assets included in Form 990, Part X		•	· \$

Schedule D (Form 990) 2018 Palm Bea	ch Dramawor	ks, Inc.		65-1040048	Page 2
Part III Organizations Maintaini			easures, o	r Other Similar Asset	
Using the organization's acquisition, access collection items (check all that apply)					
a Public exhibition	чП	Loan or exchange prog	orams		
b Scholarly research	e H	Other	, and		
c Preservation for future generations	<b>ч</b> П	Other			
4 Provide a description of the organization's of	ollections and explain t	now they further the org	anization's exi	empt purpose in Part	
XIII	onconorio una explanti	ion they faction the org	Jan 112 and 11 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 and 12 a		
5 During the year, did the organization solicit	or receive donations of	art historical treasures	or other simil	ar	
assets to be sold to raise funds rather than		•		·	Yes No
Part IV Escrow and Custodial A		to, mo organization o		<del></del>	
Complete if the organization		on Form 990. Pa	rt IV. line 9.	or reported an amoun	t on Form
990, Part X, line 21.	J. G. G. G. G. G. G. G. G. G. G. G. G. G.	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a Is the organization an agent, trustee, custoo	lian or other intermedia	ry for contributions or o	ther assets no		
included on Form 990, Part X?				•	Yes No
b If "Yes," explain the arrangement in Part XII	I and complete the folio	wing table			
	, , , , , , , , , , , , , , , ,				Amount
c Beginning balance				1c	<del></del>
d Additions during the year				1d	
e Distributions during the year				1e	<del></del>
f Ending balance				1f	
2a Did the organization include an amount on I	Form 990 Part X line 2	1 for escrow or custod	ial account hal	<del></del>	Yes No
b If "Yes," explain the arrangement in Part XII		•		-	
Part V Endowment Funds.	Oneck here it the exp	ianation has been pro-	idea on raich		
Complete if the organization	on answered "Yes"	on Form 990. Par	rt IV. line 10	).	
	(a) Current year	(b) Pnor year	(c) Two year		k (e) Four years back
1a Beginning of year balance	<del></del>	<u></u> -	<del> </del>		
b Contributions		<del> </del>			
c Net investment earnings, gains, and				_ <del></del>	<del></del>
losses			}		
d Grants or scholarships			<del>                                     </del>	<del></del>	<del></del>
e Other expenditures for facilities and			<del> </del>		<del></del>
•					
programs  f Administrative expenses			<del> </del>		
g End of year balance	<u> </u>				
2 Provide the estimated percentage of the cu	rent year end halance	(line 1g. column (a)) he	ld as		<del></del>
a Board designated or quasi-endowment ▶	"" "" "" "" "" "" "" "" "" "" "" "" ""	(iiile 1g, coldiiii (a)) lie	iu as		
b Permanent endowment ▶ %					
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c sh					
3a Are there endowment funds not in the poss		on that are held and ad	ministered for	the	
organization by	ession of the organization	on mar are nelo and ad	ministered for	uic .	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the related organizations	ratione lietad ae raquira	d on Schedule R2			3b
4 Describe in Part XIII the intended uses of the					1.00
Part VI Land, Buildings, and Eq		ment lands	<del></del>	<del></del>	<del></del>
Complete if the organization		on Form 990. Pa	rt IV line 11	la See Form 990 Par	t X line 10
Description of property	(a) Cost or other t			(c) Accumulated	(d) Book value
Cood-property	(investment)	(oth	1	depreciation	1-1
1a Land			56,390		856,390
	<u> </u>		73,887	1,042,666	2,431,221
b Buildings			19,175	69,552	49,623
c Leasehold improvements	<del></del>		76,607	269,908	106,699
d Equipment e Other	<del></del>		90,169	205,500	90,169
e Other  Fotal. Add lines 1a through 1e (Column (d) must	equal Form 000 Part \	Column (R) line 10a			3,534,102
		.,		F 1	-,,

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11b. See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial d	denvatives		<u> </u>
(2) Closely-he	ld equity interests		
(3) Other			
(A)	•		
(B)			
(C)			
(D)			
, , , (E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12 ) ▶	<del></del>	,
Part VIII	Investments—Program Related.		· · · · · · · · · · · · · · · · · · ·
7 W. C. C. C.	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cost or end-of-year market value
(1)	<del></del>		
(2)		·· <del> </del>	
(3)	<del></del>		
(4)			
(5)		<del></del>	<del></del>
(6)			<del></del>
(7)	<del></del>		
			<del></del>
(8)			
	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶		
Part IX	Other Assets.		
1 arein	Complete if the organization answered "Yes" on	Form 990 Part IV line	11d See Form 990 Part X line 15
	(a) Description	i i onii ooo, i ait iv, iiio	(b) Book value
(1)	(a) observation	<u></u>	
(2)			<del></del>
(3)			
(4)	<del></del>		<del></del>
(5)			
(6)			
(7)			
(8)	<del></del>		<del> </del>
(9)	(1)	<del></del>	
	(b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.	. 5 000 Dad IV line	44 44f C Farm 000 Dart V
	Complete if the organization answered "Yes" or	r Form 990, Paπ IV, line	The or Th. See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book value	
	income taxes	171 130	
	o) Plan Participant Accounts	171,132	
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	171,132	
2. Liability for i	uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization's finan	cial statements that reports the

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

Sche	dule D (Form 990) 2018 Palm Beach Dramaworks, Inc.		65-1040048	3	Page 4
	rf XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements	·		1	3,216,71
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c		1	
d	Other (Describe in Part XIII )	2d	7,800		
е	Add lines 2a through 2d			2e	7,800
3	Subtract line 2e from line 1			3	7,800 3,208,91
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 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	3,208,91
Pa	Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 1	12a		
1	Total expenses and losses per audited financial statements			1	3,264,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
С	Other losses	2c			
ď	Other (Describe in Part XIII )	2d	7,800		
е	Add lines 2a through 2d		L	2e	7,800
3	Subtract line 2e from line 1		<u>_</u>	3	3,256,644
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
ь	Other (Describe in Part XIII )	4b		- 1	
c	Add lines 4a and 4b		<u>i_</u>	4c	
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	·		5	3,256,644
Pa	rt XIII Supplemental Information.				
Provi	de 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	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	•			
P	art XI, Line 2d - Revenue Amounts Included	in Fina	incials - Of	ther	
R	ental expense		\$		7,800
P	art XII, Line 2d - Expense Amounts Include	d in Fir	ancials - (	Othe	r
	ental expense		\$		7,800

Schedule D (Form 990) 2018 Palm Beach Dramaworks, Inc. 65-1040048

Part XIII Supplemental Information (continued)

Page 5

**Total** 

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2018

Go to www irs gov/Form990 for instructions and the latest information Internal Revenue Service Employer identification number Name of the organization 65-1040048 Palm Beach Dramaworks, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (iii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (r) Yes No 10

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing Palm Beach Dramaworks, Inc.

₽		vents. Complete if the organize fundraising event contribution					
		reater than \$5,000	is and groot income on the	51111 555 EE, 111155 T E.I.	a do Liot of onto With		
		(a) Event #1  Gala Event (event type)	(b) Event #2 (event type)	(c) Other events  None  (total number)	(d) Total events (add col (a) through col (c))		
e e		(even type)	(even type)	(total number)			
Revenue	1 Gross receipts	227,000	· · · · · · · · · · · · · · · · · · ·		227,000		
	2 Less Contributions 3 Gross income (line 1 minus line 2)	227,000			227,000		
_	inie 2)						
	4 Cash prizes				<del> </del>		
	5 Noncash prizes						
ses	6 Rent/facility costs	20,052			20,052		
Direct Expenses	7 Food and beverages	32,317			32,317		
	8 Entertainment						
!	9 Other direct expenses	8,832			8,832		
	10 Direct expense summary Add lines 4 through 9 in column (d)  11 Net income summary Subtract line 10 from line 3, column (d)						
P	•	olete if the organization answe on Form 990-EZ, line 6a.	ered "Yes" on Form 990, P	art IV, line 19, or repor	ted more		
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col (a) through col (c))		
Reve	1 Gross revenue						
ses	2 Cash pnzes	<del>-</del>		<del>                                     </del>			
penses	3 Noncash prizes						

Noncash prizes Direct Exp 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes No N<u>o</u> 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d)

а	Enter the state(s) in which the organization conducts gaming activities.  Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain	Yes No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain	Yes No

• •

Sche	dule G (Form 990 or 990-EZ) 2018	Palm	Beach	Dramawo:	rks,	Inc.	65-1040	048	Page 3
11	Does the organization conduct gaming	activities with	nonmemb	ers?				Yes	☐ No
12	Is the organization a grantor, beneficiar		of a trust, or	a member of a p	artnersh	ip or other entity		Π	
	formed to administer chantable gaming		•					∐ Yes	∐ No
13	Indicate the percentage of gaming activ	ity conducted	מו ומ				ا	3a	0/
a h	The organization's facility An outside facility							3b	<u>%</u>
b 14	Enter the name and address of the pers	on who orec	ares the or	nanization's dami	ina/speci	ial events books and	<u>Ļ'</u>	<u> </u>	
	records.	on time prop		garn <u>z</u> adori o garri	g, op 40				
	Name ▶								
	Address ►								
15a	Does the organization have a contract v	vith a third pa	arty from wh	om the organizat	tion rece	eives gaming		Yes	□No
b	If "Yes," enter the amount of gaming rev	enue receive	ed by the or	ganization ►	\$		and the	البا	
	amount of gaming revenue retained by			-					
C	If "Yes," enter name and address of the	third party							
	Name ▶								
	Address ►								
16	Gaming manager information								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Em	ployee		ndependent conf	tractor				
17	Mandatory distributions								
а	Is the organization required under state	law to make	chantable o	distributions from	the gam	ning proceeds to			
	retain the state gaming license?							Yes	∐ No
b	Enter the amount of distributions require				er exem	pt organizations or			
	spent in the organization's own exempt it IV Supplemental Information					d by Dod Line Ob		(v), and	
Pa	rt IV Supplemental Information Part III, lines 9, 9b, 10b			•		•	·		
	See instructions.	, 100, 100	o, 10, and	1 17 b, as app	icabic	7 1130 provide arry	additional informa	idon.	
	See msnuchons.								

14286

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Palm Beach Dramaworks, Inc.

Employer identification number 65–1040048

Form 990 - Organization's Mission

Palm Beach Dramaworks is a professional not-for-profit theatre company that engages and entertains audiences with provocative and timeless productions that personally impact each individual. Our vision is to enhance the quality of life through the transformative power of live theatre.

Form 990, Part III, Line 4a - First Accomplishment Five main-stage shows, two children's shows, one summer camp production, and three concerts were produced during the season providing a quality theatrical environment for students and community members to practice their talents, to learn theatre arts, and an opportunity to be involved in local productions and community theatrical enrichment. The five main-stage productions were: Indecent - 31 performances/5,355 attendees; House on Fire - 31 performances/5,342 attendees; The Spitfire Grill - 36 performances/7,246 attendees; Fences - 32 performances/5,938 attendees; House of Blue Leaves - 21 performances/4,004 attendees. The two children's shows were: Charlotte's Web - 3 performances/270 attendees; and The Ugly Duckling - 2 performances/230 attendees. The summer camp production was Edges - 3 performances/393 attendees. The three cabaret events were: Jill and Rich - 2 performances/144 attendees; Ukelelee by Taimaine - 1 performances/215 attendees; and The Lubben Brothers - 2 performances/305 attendees.

Form 990, Part III, Line 4c - Third Accomplishment

Approximately 10% of our effort is spent on student educational

Page 2

Name of the organization

139/

Palm Beach Dramaworks, Inc.

Employer identification number

65-1040048

initiatives, including in-school master classes on acting and playwriting, and apprenticeship and intern programs for theatre students. Ten Special student performances of our productions were held at no charge serving 1,967 students from 15 area schools with transportation also provided. Additionally, 2265 students were given free or reduced priced tickets to regularly scheduled performances. Interested students were offered positions to work as apprentices assisting directors, stage managers, light and sound operators, and prop and costume mistresses. Students also had the opportunity to audition and receive guidance from theatre professionals to polish audition techniques, including monologues and song presentations. We held a Young Playwright's Festival in which 10 minute plays were solicited from students at all Palm Beach County Schools. 74 plays were submitted and 10 were selected as "winners" to receive a staged reading of their play with professional actors and directors along with a \$250.00 award and a published copy of their script. We created and presented the play called Swagger at 15 middle schools in Palm Beach County free of charge - 20 Launched our Academy@pbd summer performances/ 5191 student attendees. program and served 9 students with professional theatre instruction including three weeks of rehearsal culminating in 3 performances of Edges noted in item #4a.

Form 990, Part III, Line 4d - All Other Accomplishments

The Dramalogue-Talking Theatre! Series gave public presentations of
lectures, staged readings and interviews of five theatre legends: Charles

Busch interview, August Wilson Playwright presentation, a Regional Theatre

Roundtable discussion, John Guare playwright presentation, and Ted Chapin
interview. There were 10 performances/ 1,161 attendees. These forums

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

(3) 4

Employer identification number

65-1040048

Palm Beach Dramaworks, Inc.

allowed for public comment, discussion and education.

Form 990, Part VI, Line 2 - Related Party Information Among Officers Sue Ellen Beryl William Hayes

Man. Dir.

Prod. Art. D

Husband and Wife

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The representatives of the Finance Committee that function as the Audit Committee reviewed the draft before it was filed. Notice of the filing, as well as the review process, was sent to the full Board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the annual meeting, every Director completes a new conflict of interest form. At every Board meeting the Directors are asked if they have any conflicts that have arisen since the last meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Comparable salary data was compiled and presented to the Executive Committee to review prior to recommending and approving the salaries for the Producing Artistic Director and Managing Director.

Form 990, Part VI, Line 15b - Compensation Process for Officers Comparable salary data was compiled and reviewed by the Managing Director prior to approving the salaries for key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

14200

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Palm Beach Dramaworks, Inc.

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Employer identification number

65-1040048

Upon request to the Managing Director, Palm Beach Dramaworks will produce any governnance documents, conflict of interest policies, 990, and audited financial statements to the public. A copy of the audited financial statements are also posted on our website.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rental expense \$ 7,800

Rental expense \$ -7,800