	0	00	Return of Organization Exempt	From	Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Reven			<b>2021</b>
			Do not enter social security numbers on this for	Open to Public		
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions a	nd the lates	t information.	Inspection
Α	or the	e 2021 calend	ar year, or tax year beginning $ m JUL1$ , $2021$ an	d ending	<u>JUN 30, 2022</u>	
Β	Check if applicabl		organization		D Employer identification	tion number
	Addre	Jose	ph Avenue Arts and Culture			
	Chang		ance, Inc.		<b>^</b>	
	chang	ge Doing bi	usiness as	47-184197	8	
	return  Final	Number	and street (or P.O. box if mail is not delivered to street address)	E Telephone number	707	
	lreturn. termin	<u>1</u>	Box 30147		585-454-2	268,648.
	ated		own, state or province, country, and ZIP or foreign postal code ester, NY 14603		G Gross receipts \$	-
	_lreturn ∏Applic		nd address of principal officer: Neil Scheier		<b>H(a)</b> Is this a group retu for subordinates?	
	tiˈoˈn pendii		as C above		H(b) Are all subordinates inclu	
1 1	Гах- <u>е</u> х	empt status:		) or 527		
			josephavearts.org	/01 021	H(c) Group exemption r	
			X Corporation Trust Association Other ►	L Year	of formation: 2015 M S	
_	art I					
-	1	Briefly describ	e the organization's mission or most significant activities: ${\tt Prov}$	vides d	lynamic arts a	and
nce		cultura	1 experiences for underserved far	nilies	and youth.	
srna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disp	osed of mor	e than 25% of its net asse	ets.
0 Vě	3	Number of vot	ting members of the governing body (Part VI, line 1a)			11
യ യ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b	)		11
Activities & Governance		Total number	1			
iviti			of volunteers (estimate if necessary)			11
Act	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year 0 •	Current Year 268,300.
en		Contributions	and grants (Part VIII, line 1h)		0.	200,300.
					0	0
ven		Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Program servi Investment inc	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Reven	10 11	Program servi Investment inc Other revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) : (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0. 348.
Reven	10 11 12	Program servi Investment ind Other revenue Total revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·····	0. 0. 0.	0. 348. 268,648.
Reven	10 11 12 13	Program servi Investment ind Other revenue Total revenue Grants and sir	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	······	0. 0. 0. 0.	0. 348.
	10 11 12 13 14	Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	······	0. 0. 0.	0. 348. 268,648. 0. 0.
	10 11 12 13 14 15	Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10	······	0. 0. 0. 0. 0.	0. 348. 268,648. 0.
	10 11 12 13 14 15 16a	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional for	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	······	0. 0. 0. 0. 0. 0.	0. 348. 268,648. 0. 0. 71,158. 0.
	10 11 12 13 14 15 16a b	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundrais	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e)	) 	0. 0. 0. 0. 0. 0. 0. 0.	0. 348. 268,648. 0. 0. 71,158. 0. 51,436.
	10 11 12 13 14 15 16a b 17	Program servi Investment in Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundrais Other expense	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	) 	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594.
Expenses	10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Total expense	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) mg expenses (Part IX, column (D), line 25)	) ) 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 348. 268,648. 0. 0. 71,158. 0. 51,436.
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Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21	Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundrais Other expense Revenue less Total assets (F Total liabilities	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26)	)	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546. 1,760.
Net Assets or   Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) mg expenses (Part IX, column (D), line 25) • es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) • expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20	)	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546.
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다. States or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 art II er pena	Program servi Investment in Other revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or <b>Signature</b> alties of perjury,	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b>	)	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546. 1,760. 299,786.
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Since and the set of	10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena , correc	Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundrais Other expense Revenue less Total assets (F Total liabilities Net assets or <b>Signature</b> alties of perjury, ct, and complete.	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) • compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) mg expenses (Part IX, column (D), line 25) •	)	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546. 1,760. 299,786.
Expenses or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena , correc	Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or Signature alties of perjury, ct, and complete. Nei 1	cc revenue (Part VIII, line 2g)         come (Part VIII, column (A), lines 3, 4, and 7d)         e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         milar amounts paid (Part IX, column (A), lines 1-3)         to or for members (Part IX, column (A), line 4)         - compensation, employee benefits (Part IX, column (A), lines 5-10         undraising fees (Part IX, column (A), line 11e)         ng expenses (Part IX, column (D), line 25)         es (Part IX, column (A), lines 11a-11d, 11f-24e)         s. Add lines 13-17 (must equal Part IX, column (A), line 25)         expenses. Subtract line 18 from line 12         Part X, line 16)         (Part X, line 26)         fund balances. Subtract line 21 from line 20         e Block         I declare that I have examined this return, including accompanying schedu.         Declaration of preparer (other than officer) is based on all information of	)	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546. 1,760. 299,786.
in the set of the set	10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena , correc	Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or Signature alties of perjury, ct, and complete. Nei 1	cc revenue (Part VIII, line 2g)         come (Part VIII, column (A), lines 3, 4, and 7d)         (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         milar amounts paid (Part IX, column (A), lines 1-3)         to or for members (Part IX, column (A), line 4)         - compensation, employee benefits (Part IX, column (A), lines 5-10         undraising fees (Part IX, column (D), line 25)         es (Part IX, column (A), lines 11a-11d, 11f-24e)         s. Add lines 13-17 (must equal Part IX, column (A), line 25)         expenses. Subtract line 18 from line 12         Part X, line 16)         (Part X, line 26)         fund balances. Subtract line 21 from line 20         e Block         I declare that I have examined this return, including accompanying schedu.         Declaration of preparer (other than officer) is based on all information of         e of officer         Scheier, President         rint name and title	)	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	0. 348. 268,648. 0. 0. 71,158. 0. 51,436. 122,594. 146,054. End of Year 301,546. 1,760. 299,786.

		i i opuloi o olgiluluio			
Paid	Stephanie Annunziata	Stephanie	Annunziata		oyed P00195472
	Firm's name 🕨 Heveron & Company		۲C	Firm's EIN	27-1895149
Use Only	Firm's address 260 Plymouth Ave	nue South			
	Rochester, NY 14	608		Phone no.58	85-232-2956
May the IF	RS discuss this return with the preparer shown abo	ve? See instruction	S		X Yes No
					- 000 (222 ()

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

orm	Joseph Avenue Arts and Culture Alliance, Inc. 47-18	41978	Pag
	rt III Statement of Program Service Accomplishments		1 45
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
1 Brie Th Cu in as 2 Did <sup>-</sup> prion If "Y 3 Did <sup>-</sup> Sec reve 4 Des Sec reve 4 Code 4 (Code Ri in to th We en Sc Re 4 (Code Ca Ca CC Ca CC CC CC CC CC CC	The Joseph Avenue Arts and Culture Alliance provides dynamic	arts a	nd
	cultural experiences for underserved families and youth in a	safe,	
	inspiring place for artistic expression-instilling pride and		α
	as a catalyst for community transformation.	in a safe, e and serving Yes Yes respressive in the total expenses, expressive in the court music and dated past two yes in the court music and dated reater Roches c. y delivers a preparing ily's doorstouly, allowing diums while ee with open	9
2	Did the organization undertake any significant program services during the year which were not listed on the	for Accomplishments         soonse or note to any line in this Part III         soonse or note to any line in this Part III         s and Culture Alliance provides dynamic arts an for underserved families and youth in a safe, ritistic expression-instilling pride and serving munity transformation.         and program services during the year which were not listed on the services during the year which were not listed on the services.         and program services during the year which were not listed on the services.         ischedule 0.         make significant changes in how it conducts, any program services, as measured by expenses.         nes are required to report the amount of grants and allocations to others, the total expenses, an eported.         10,947.       Including grants of services.         ile incorporating nutrition and wellness, desig         children have experienced over the past two yea         eative weekly experience. Students in the course portunities to experience chamber music and dan formances for families after classes and attend to arts partners throughout the Greater Roches nce was free and open to the public.         6,530.       including grants of services affect descerve with open to the public.         5,359.       including grants of services affect descerve with open         5,359.       including grants of services affect descerve with open         5,359.       including grants of services affect descerve as free with open         5,359.       including gran	
2	prior Form 990 or 990-EZ?	Voc	x
	If "Yes," describe these new services on Schedule O.		
2			x
3			- 23
	If "Yes," describe these changes on Schedule O.		_
4			
		l expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 10,947. including grants of \$ ) (Revenue \$ ) (Revenue \$		
		Roche	st
	Region. Every experience was free and open to the public.		
4b	(Code:) (Expenses \$6,530. including grants of \$) (Revenue \$)		
	Camp-in-a-Box is a four-week summer program, that safely deli	<u>vers a</u>	
	camp experience to K-6 children within our community by prepa		
	Over 75 households received boxes during the month of July, a		g
	children to explore and create with various artistic mediums		
	remaining safe during the pandemic. This program was free wit	h open	
	registration.		
4c	(Code: ) (Expenses \$ 5,359. including grants of \$ ) (Revenue \$		
	The RPO Around the Town concert returned as JAACA's first liv	e	
	performance since the beginning of the pandemic. Held safely	outdoo	rs
	and physically distant, members of the Grammy-award-winning o	rchest	ra
	performed on stage before our audience for the first time sin	ce 201	9.
	This program was free and open to the public.		
4d	Other program services (Describe on Schedule O.)		
ru.		8.)	
4e		- • )	
10		Form 9	<b>90</b> (
32002	2 12-09-21		
۸N	928 790933 JOSEPHAVE 2021.04030 Joseph Avenue Arts and Cul	ייס או ד	ZDL
00	220 / 2021 · 04030 DOSEDILATE ALCS AND CU	LC 0091	זיבנ

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
4				x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		- 22
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1Lu		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
			000	

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Form 990 (2021)

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	Alliance, Inc. 47-184	<u>1978</u>	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
-1	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<b> </b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
		28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C		000		x
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
38		38	x	1
Pa	Note: All Form 990 filers are required to complete Schedule 0           Statements Regarding Other IRS Filings and Tax Compliance	<u>30</u>	- 11	L
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_		<u>م</u>	Yes	No
1a		0		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	Δ			

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2021.04030 Joseph Avenue Arts and Cult JOSEPHA2

47-1841978

Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			37
		-	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	Ŭ	6b		
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 goods and set	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
9	sponsoring organization have excess business holdings at any time during the year?		8		
э а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b		12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	124			
~	organization is licensed to issue qualified health plans	13b 13c	-		
	Enter the amount of reserves on hand		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le ()	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
132005	12-09-21 5		Form	1 <b>990</b>	(2021)

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Form 990 (2021)

Part V

Joseph	Avenue	Arts	and	Culture
Alliand	ce, Inc.	•		

Form 990 (2021)

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

ec	tion A. Governing Body and Management						-		
		Ι.	1	1 1		Yes			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		11			1		
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			11			1		
	Enter the number of voting members included on line 1a, above, who are independent	1b	<u> </u>	<u> </u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				-		l		
	officer, director, trustee, or key employee?				2		ļ		
3	Did the organization delegate control over management duties customarily performed by or under the		-				I		
	of officers, directors, trustees, or key employees to a management company or other person?				3		4		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?		4		ļ		
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		ļ		
6	Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?				7a		1		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?				7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:						
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х	J		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the				Ī		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u> .	<u></u>	<u></u>	9		J		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
						Yes			
0a	Did the organization have local chapters, branches, or affiliates?				10a				
	If "Yes," did the organization have written policies and procedures governing the activities of such c						I		
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
1a	s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				11a	Х	Ĵ		
b	escribe on Schedule O the process, if any, used by the organization to review this Form 990.						İ		
							1		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a 12b	Х	t		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")						t		
	on Schedule O how this was done				12c	х			
3	Did the organization have a written whistleblower policy?				13	Х	t		
4	Did the organization have a written document retention and destruction policy?				14	Х	t		
5	Did the process for determining compensation of the following persons include a review and approv						t		
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-			I		
а	The organization's CEO, Executive Director, or top management official				15a	х	l		
	Other officers or key employees of the organization				15a		t		
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				.00		t		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				I		
Ja	taxable entity during the year?				16a		I		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				104		╉		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of the o			•			I		
					16b		I		
ec	exempt status with respect to such arrangements?					1	1		
7	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>								
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and on	N-T (section	501(~)(2)	s only	) อนอย่	1-		
5		110 99	UT (SECTION	551(5)(3)	3 Only	, aval	10		
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         Upon request         Other (explain)		chodula ()						
^				adic: -	d fir -				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	UNTIIC	or interest p	Jolicy, an	u finai	icial			
~	statements available to the public during the tax year.		a dua di d	•					
0	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records	▶					
	The Organization - 585-454-2787 P.O. Box 30147, Rochester, NY 14603								
	· · · · ·				г.	000			
2006	12-09-21 6				Form	9	90		
	928 790933 JOSEPHAVE 2021.04030 Joseph Avenue								

Joseph	Avenue	Arts	and	Culture
Allianc	e, Inc.	,		

Form 990 (2	021)	Alliance	, Inc.				47-18
Part VII	Compensation	of Officers, D	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independen	nt Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C) Average Position							(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) David Pacific	40.00							<b>CO 000</b>	0	6 500
Executive Director	10.00			X				60,000.	0.	6,522.
(2) Neil Scheier	19.20									0
President		Х		X				0.	0.	0.
(3) Sherman Dickerson	0.40							0.	0.	0
Board Member	3.80	X		<u> </u>				0.	0.	0.
(4) Alan Feldstein Treasurer	3.00	x		x				0.	0.	0.
(5) Mario Martinez	0.60	^		^				0.	0.	0.
Board Member	0.00	x						0.	0.	0.
(6) Michael Rothman	0.20								Ŭ.	
Board Member	0120	x						0.	0.	0.
(7) Bill Ferguson	9.60									
Vice President		x		x				0.	0.	0.
(8) Ned Corman	0.60									
Board Member		x						0.	0.	0.
(9) Darrin Brentnall	0.60									
Board Member		X						0.	0.	0.
(10) Meredith Dragon	0.60									
Board Member		X						0.	0.	0.
(11) Isobel Goldman	0.60									
Secretary		Х						0.	0.	0.
(12) Jaime Rivera	0.10									
Board Member		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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Form 990 (2021)

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Form	390 (2021) Joseph A Alliance		CC:	3 6	1110	10	cu.	LC	ure	47-18	841	978	Р	age <b>8</b>
Part			ploy	vees	, an	d Hi	ighe	st (	Compensated Employe					
	(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	<b>C)</b> itior <sup>more</sup> rson		one h an	(D) (E) Reportable Reportable compensation compensati from from relate			ion amount		of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	com fro orga and	oensa om th anizat d relat nizat	ation le tion ted
1b 3	Subtotal		-						60,000.		0.		6,5	22.
С	Total from continuation sheets to Part V	II, Section A							0.60,000.		0.			0.22.
2	Total (add lines 1b and 1c)									l ),000 of reportabl	• •		<u>, , , , , , , , , , , , , , , , , , , </u>	0
	compensation from the organization												Yes	No
	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> :			key e	emp	loye	e, o	r hię	ghest compensated emp	oloyee on		3		x
i	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J	for such individual	-	1	4		x
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5		X
	ion B. Independent Contractors Complete this table for your five highest co	ompensated ind	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of corr	pens	ation f	rom	
	the organization. Report compensation for	-	-						n the organization's tax					
	(A) Name and business	s address	N	ONI	3				( <b>B)</b> Description of s	services	С	(C omper		n
	Total number of independent contractors ( \$100,000 of compensation from the organ		iot li	mite	d to		se li: 0	steo	d above) who received n	nore than		Form	200 /	0001)

132008	12-09-21

			Alliance, Inc	•			47-1841	978 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII	( <b>D</b> )	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am 0			Fundraising events 1c					
lar Iar			Related organizations					
ns,		е	Government grants (contributions) 1e	83,482.				
er S		f	All other contributions, gifts, grants, and					
Ę				184,818.				
nd			Noncash contributions included in lines 1a-1f		269 200			
<u>a O</u>		h	Total. Add lines 1a-1f	Business Code	268,300.			
	~	~	-	Business Code				
Program Service Revenue	2	a b						
Ser		c						
am eve		d						
oge		е						
ŗ,		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►				
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	~		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Not rental income or (loce)	<b>&gt;</b>				
			Gross amount from sales of (i) Securities	(ii) Other				
	-		assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
anu			and sales expenses <b>7b</b>					
evenue		с	Gain or (loss)					
μ.		d	Net gain or (loss)	►				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18     8a       Less: direct expenses     8b					
			Net income or (loss) from fundraising events	<b>&gt;</b>				
			Gross income from gaming activities. See	►				
	-		Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
$ \rightarrow $		С	Net income or (loss) from sales of inventory					
sno		-	Other Income	Business Code 900099	348.	348.		
nec	11	a b			540.	5-00		
ella		с С						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d	►	348.			
	12		Total revenue. See instructions		268,648.	348.	0.	0.
13200	9 12	-09	-21					Form <b>990</b> (2021)

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

D-	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	53,921.	21,616.	32,305.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,237.	10,293.	6,944.	
11	Fees for services (nonemployees):				
а	F				
b	Legal	3,683.		3,683.	
С	Accounting	1,220.		1,220.	
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	13,029.	4 012	0 116	
12	Advertising and promotion	2,885.	4,913.	8,116.	
13	Office expenses	2,005.		2,005.	
14	Information technology				
15	Royalties	4,457.	108.	4,349.	
16 17			100.	1,515.	
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,331.		2,331.	
23	Insurance	2,660.		2,660.	
24	Other expenses. Itemize expenses not covered	-			
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	Program Supplies	10,260.	10,260.		
b					
с					
d					
е	All other expenses	10,911.	3,260.	7,651.	
25	Total functional expenses. Add lines 1 through 24e	122,594.	50,450.	72,144.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Part IX Statement of Functional Expenses

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Form 990 (2021)

Joseph Avenue Arts and Culture Alliance, Inc. Part X Balance Sheet

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		Check if Schedule O contains a response or not	e to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			74,655.	1	109,418.
	2	Savings and temporary cash investments		2	98,010.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ntributor, or 35%				
		controlled entity or family member of any of thes	e pers	ns		5	
	6	Loans and other receivables from other disquali	fied pe	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges		9			
· ·	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		92,281. 2,979.			
	b	Less: accumulated depreciation	91,634.	10c	89,302.		
·	11	Investments - publicly traded securities		11			
·	12	Investments - other securities. See Part IV, line 1		F		12	
·	13	Investments - program-related. See Part IV, line			13		
·	14 Intangible assets				~	14	
·	15	Other assets. See Part IV, line 11			3,185.	15	4,816.
·	16	Total assets. Add lines 1 through 15 (must equa		169,474.	16	301,546.	
· ·	17	Accounts payable and accrued expenses				17	
· ·	18	Grants payable				18	
· ·	19	Deferred revenue				19	
12	20	Tax-exempt bond liabilities				20	
12	21	Escrow or custodial account liability. Complete I	Part IV	Schedule D		21	
ies 2	22	Loans and other payables to any current or form	ner offic	r, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iat		controlled entity or family member of any of thes	e pers	ns		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		F		24	
1	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	Complete Part X	15 740		1 7 6 0
		of Schedule D		····· -	15,742.	25	1,760.
	26			▶ <b>▼</b>	15,742.	26	1,760.
s		Organizations that follow FASB ASC 958, che	ck her				
ũ .	_	and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions		153,732.	27	299,786.	
<u>в</u>   2	28	Net assets with donor restrictions		133,732.	28	299,700.	
۳.		Organizations that do not follow FASB ASC 958, check here 🕨 🛄					
۶ ,	20	and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or eq				30	 
*	31	Retained earnings, endowment, accumulated in		F	153,732.	31	299,786.
_	32 22	Total net assets or fund balances			169,474.	32 33	301,546.
	33	Total liabilities and net assets/fund balances				33	<u> </u>

	Joseph Avenue Arts and Culture				
Form	1990 (2021) Alliance, Inc.	47-1	.841978	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48.
2	Total expenses (must equal Part IX, column (A), line 25)	2			94.
3 Revenue less expenses. Subtract line 2 from line 1 3					54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	<u>3,7</u>	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8					
9					0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				86.
column (B))					
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu				
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audi	t		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A (Form 990)					rity Status an					OMB No. 1545-0047
			Co		nization is a section 50 <sup>-</sup> 47(a)(1) nonexempt cha			or a section		2021
		of the Treasury nue Service				Open to Public Inspection				
		the organizati			/Form990 for instruction Arts and Cul		ne latest i	nformation.	Employer	r identification number
				ance, Inc.		curc				7-1841978
Pa	art I	Reason			(All organizations must o	omplete ti	his part.) S	See instruction		
The	organ	ization is not a	private found	lation because it is: (	(For lines 1 through 12, c	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat								
5		•	-		llege or university owned	d or opera	ted by a g	overnmental	unit descrit	ped in
-				Complete Part II.)						
6	X				nental unit described in					and the state of the set in
7	Δ				Intial part of its support f	rom a gov	rnmental	i unit or from t	ine general	public described in
8				omplete Part II.)	(1)(A)(vi). (Complete Par	+ 11 \				
9	$\square$	-			in section 170(b)(1)(A)	-	ed in conii	inction with a	land-grant	college
Ŭ					ulture (see instructions).					
		university:						,,		,
10			on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd 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	5 <b>09(a)(2).</b> (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to	-			-	
					ed in <b>section 509(a)(1)</b> o					Check the box on
	_		•	• •	of supporting organizatio		-		-	
а				-	supervised, or controlled	• •				
				complete Part IV, Se	gularly appoint or elect a	a majority	or the dire	clors or trust	ees or the s	supporting
b				-	d or controlled in connect	tion with it	ts sunnort	ed organizatio	on(s) by ha	avina
~					anization vested in the s			-		-
			-	t complete Part IV,					.go	
c	;		. ,	•	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c		Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		- ·	·	,	nplete Part IV, Sections					
e			-		written determination fro			а Туре I, Туре	e II, Type III	
					nally integrated support					
T					d organization(a)					
<u>c</u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	I		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see i	nstructions)	support (see instructions)
										<u> </u>
Tota	al									

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Schedule A	(Form 990) 2021	Alliance,	Inc.	47-18419
Part II	Support Schedule	for Organization	s 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,767.	114,760.	134,348.	235,302.	268,300.	794,477.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	41,767.	114,760.	134,348.	235,302.	268,300.	794,477.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						176,035.
6	Public support. Subtract line 5 from line 4.						618,442.
	ction B. Total Support						•
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	<u>41,767.</u>	114,760.	134,348.	235,302.	268,300.	794,477.
8	Gross income from interest,		-	-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				46.	348.	394.
11	Total support. Add lines 7 through 10				-		794,871.
	Gross receipts from related activities.	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			column (f))		14	77.80 %
	Public support percentage from 2020		•			15	68.20 %
	<b>33 1/3% support test - 2021.</b> If the o						-
	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2020.</b> If the o						
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
<b>h</b>	10% -facts-and-circumstances tes	-				17a and line 15 is	
N.	more, and if the organization meets the	•					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•		• • • •		
-10	i mate roundation. If the organization	an dia not oneon a		a, 100, 17a, 01 17k			(Eorm 990) 2021

Schedule A (Form 990) 2021

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#### Avenue Arts and Culture Togonh Alliance, Inc.

### Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third	, fourth, or fifth tax	vyear as a section	501(c)(3) orga	anization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publ	ic Support Pe					
15	Public support percentage for 2021 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage	•			
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	nn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2020. If the						/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22						ule A (Form 990) 2021
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Schedule A (Form 990) 2021 Alli Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990) 2021

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Alliance, Inc.

Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
k	A family member of a person described on line 11a above? 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Se	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Se	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		

Sec	tion D. All Type III Supporting Organizations		
	the supported organization(s).	1	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
•		1 1	1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2021

2a

2b

За

Yes No

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Sche	dule A (Form 990) 2021 Alliance, Inc.		4	17-1841978 <sub>Page</sub>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrate	d Type III supporting or	nanization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 Alliance, Inc	•		4	7-1841978 Page 7
Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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 Joseph Avenue Arts and Culture

 Schedule A (Form 990) 2021
 Alliance, Inc.
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 Page 8

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

Schedule A, Part II, Line 10, Explanation for Other Income:

# Other Income

Part II, Short Year Explanation:

The 2020 column reports 6 months of additional income due to the change

in accounting period.

(Form 990) Complete if the or Part IV, line 6, 7, 8, 9, 1		Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	OMB No. 1545-0047 <b>2021</b> Open to Public			
	I Revenue Service		90 for instructions and the latest information				
Nam	e of the organization	—	and Culture	Employer identification number			
Pa	t l Organiza	Alliance, Inc.	ed Funds or Other Similar Funds or	47-1841978			
Fai		answered "Yes" on Form 990, Part IV, lin		Accounts. Complete if the			
	organization	ranswered res on on 950, Partiv, in	(a) Donor advised funds	(b) Funds and other accounts			
	Tatal much an at an		(a) Donor advised funds				
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-		writing that the assets held in donor advised fue exclusive legal control?				
~							
6	•		advisors in writing that grant funds can be used	•			
			or donor advisor, or for any other purpose conf				
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part I				
1		ervation easements held by the organizat	· · ·	v, mo 7.			
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	torically important land area			
		f natural habitat		rtified historic structure			
		of open space					
2			fied conservation contribution in the form of a	conservation essement on the last			
-	day of the tax year			Held at the End of the Tax Year			
а				2a			
b							
Č			ucture included in (a)				
d			after 7/25/06, and not on a historic structure				
ŭ				2d			
3			leased, extinguished, or terminated by the orga				
Ŭ	year ►						
4		 where property subject to conservation ea	sement is located				
5		ion have a written policy regarding the pe					
			t holds?	Yes No			
6			handling of violations, and enforcing conserva				
				<b>C</b> .			
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
	▶\$						
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	(B)(i)			
	and section 170(h)	(4)(B)(ii)?					
9	In Part XIII, describ	e how the organization reports conservation	ion easements in its revenue and expense stat	ement and			
	balance sheet, and	l include, if applicable, the text of the foot	note to the organization's financial statements	that describes the			
		ounting for conservation easements.					
Pa		-	f Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works			
	of art, historical tre	asures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public			
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of			
	art, historical treas	ures, or other similar assets held for public	c exhibition, education, or research in furtheran	ice of public service,			
	-	ng amounts relating to these items:					
2			asures, or other similar assets for financial gair	n, provide			
	-	nts required to be reported under FASB A	-				
	-	eduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2021			
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			26				

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		Avenue Art	s an	a Cuit	ure		_			
	dule D (Form 990) 2021 Allianc								41978	
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Other	Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at make sigi	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	ion's exemp	ot purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No No
Pa	rt IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa			5			,	,	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•	······		
	rt V Endowment Funds. Complete i									
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four y	ears back
1a	Beginning of year balance	() ,	. ,	,			, ,		( )	
	Contributions									
	<b>N I I I I I I I I I I</b>									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g					<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	-	g, column (a	a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	· · · · · · · · · · · · · · · · · · ·	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organiza	ation		
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	Y	owment	funds.						
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IN	/, line 11a. S	See Form 990	), Part X, lir	ie 10.			
	Description of property	(a) Cost or c		• •	or other	.,	umulated	1	(d) Book	/alue
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land									
b	Buildings		948.				2,97	9.	59	,969.
	Leasehold improvements		333.						29	,333.
d	Equipment									
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)				89	,302.

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 Alliance,	Inc.	47-	1841978 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			- <b>f</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
<b>_</b>	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
<sub>(2)</sub> Payroll Liability			1,760.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 25 )		1,760.
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provid			

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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 Alliance, Inc.		47-1841978 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O (Form 990) Department of the Treasury	rm 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information. Joseph Avenue Arts and Culture	<b>F</b> uentaux	
Name of the organization	Alliance, Inc.		r identification number L841978
Form 990, Pai	rt III, Line 4d, Other Program Services:		
There were ot	ther small programs that occured during the	e year.	
Expenses \$ 27	,614. including grants of \$ 0. Revenue	e \$ 348.	
Form 990, Par	t VI, Section B, line 11b:		
Form 990 is 1	reviewed by the Board President, Vice Pres	ident and	1 Treasurer
prior to fili	ng, and is made available to the Board as	well as	all
interested pa	arties after filing.		
Form 990, Par	t VI, Section B, Line 12c:		
Policies are	in place and were reviewed and renewed by	the Boar	rd at its
Annual Meetir	ng, June 2022.		
Form 990, Par	rt VI, Section B, Line 15a:		
Board conside	eration and decision, based upon industry	compariso	on, length of
service, perf	formance, cost of living parameters. There	are no c	other key
	at are compensated.		

Form 990, Part VI, Section C, Line 19:

The Organization will make its governing documents and conflict of interest

policy available by request.

Schedule O (Form 990) 2021

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