Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public

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			vear, or tax year beg)1 , 2021, and	enaing		5-30 ,2022
	Check if	applicable:	C Name of organization	NDIGENOUS PERFORMA	NCE PRODU	CTIONS		D Empl	oyer identification number
=	Address	change	Doing business as						84-2137738
ַ וַ	Name ch	hange	Number and street (or	P.O. box if mail is not delivered to stre	et address)	Ro	om/suite	E Telep	hone number
<u></u>	nitial ret	turn	1614 DIVISION	N ST SW					
	inal ret	urn/terminated	City or town, state or p	rovince, country, and ZIP or foreign po	stal code			G Gross	s receipts
	Amende	d return	OLYMPIA, WA	98502				\$	214,691
	Applicati	ion pending	F Name and address of	principal officer:			H(a) Is	this a group return	for subordinates? Yes X No
							H(b) Ar	e all subordinate	es included? Yes No
	Гах-ехе	mpt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If	"No," attach a lis	st. See instructions
J	Nebsite		NDIGENOUSPERF				H(c) G	roup exemption	number ►
K	Form of	organization: X Cor		ssociation Other ►		L Year of formation:		M State of leg	
	rt I	Summary							,
	1		the organization's mi	ssion or most significant activi	ties: TO I	EDIICATE THR	OUGH TNI	TCENOUS	PERFORMING
	'	Briefly describe	ine organization on	solon of most significant douvi	100. <u>10 1</u>	DOCATE TIM	OUGH IN	PIGENOOD	PERFORMING
ė		-							
au		-					-		
ern		Ohaali thia hair N		diutionad itationa		of many than OFO	() (its = -1 -		
õ	2			on discontinued its operations	•	Y .	\rightarrow	1 1	
<u>«</u>	3		•	verning body (Part VI, line 1a					4
es	4			ers of the governing body (Pa					0
ξ	5			in calendar year 2021 (Part					2
Activities & Governance	6		volunteers (estimate	• /					
_	7a			m Part VIII, column (C), line 1				7a	0_
	b	Net unrelated bu	usiness taxable incor	ne from Form 990-T, Part I, lir	ie 11			7b	0
							Prior	Year	Current Year
	8	Contributions and	d grants (Part VIII, lir	ie 1h)				88,750	103,770
e	9	Program service	revenue (Part VIII, I	49,727	110,921				
Revenue	10	Investment incor	ne (Part VIII, column	(A), lines 3, 4, and 7d)					0
Ş.	11	Other revenue (F	Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 1	1e)	[0
	12	Total revenue - a	add lines 8 through 1	I (must equal Part VIII, columi	n (A), line 12)			138,477	214,691
	13			t IX, column (A), lines 1-3)				-	0
	14								0
	15			ee benefits (Part IX, column (-		28,704	59,563
es	16a								0
Expenses				column (D), line 25)		0			
ă.	17	_		lines 11a-11d, 11f-24e) .				69,793	145,881
ш	18			st equal Part IX, column (A), I	 ina 25)			98,497	205,444
	19			e 18 from line 12				39,980	
—		ixeveriue less ex	penses. Subtract III	e to nontinie 12	· · · · · · ·		Danimala a of	-	9,247
sor	20	Total assets (Pa	rt V (inc 16)			-	Beginning of		End of Year
Assets or	20							41,148	59,889
¥.	21	Total liabilities (F						44 440	9,491
Ş.				ct line 21 from line 20	· · · · · · ·			41,148	50,398
	rt II	Signature		eturn, including accompanying schedul				ad baliat it is	
				officer) is based on all information of w			iy kilowledge al	id belief, it is	
Sig	_		BOUCHARD						
		Signature of o	officer					Da	te
Her	е		BOUCHARD, PRES	SIDENT					
		1,	name and title			T			
		Print/Type prepare	r's name	Preparer's signature		Date	CI	heck X if	PTIN
Pai		Cynthia K	napp			08-25-2022	se	elf-employed	P00893750
Pre	pare	Firm's name	Precise	ely Right Accountin	g		Firm's EIN	▶	
Use	On	ly Firm's address ▶	8613 Ma	rtin Way E			Phone no.		
			Lacey V	IA 98516				360-	352-6195
Mav	the IR	S discuss this retu		shown above? See instruction	ns				X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	v
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	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		х
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			
40	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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Х
•	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
k	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		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	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
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20 a		X
	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

Part IV

INDIGENOUS PERFORMANCE PRODUCTIONS 84-2137738 Page 4 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		Х
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			
04-	employees? If "Yes," complete Schedule J	23		Х
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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25 -	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	วอม		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		Λ
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000 (2021)

Par	t V 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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
L	and services provided to the payor?	7a 7b		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i>	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	.0		
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.	- •		

Part VI

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

_	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	() in a social 2 requisite in a manufacture system of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a social point of the social section () in a soc		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa	Α	
		12a	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b		120	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Washington			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

ANDRE BOUCHARD (503)847-1866, 1614 DIVISION ST SW, OLYMPIA, WA 98502

-orm	990	(2021)

			7		

Page 7

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

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

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

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

				(C)					
(A)	(B)			Positio			(D)	(E)	(F)
Name and title	Average				than one is both a		Reportable	Reportable	Estimated amount
Traine and the	hours				or/trustee		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	악고	ng.	9	8 I	7	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for related	Individual or director	stitut	Officer	ghes	Forme	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Highest compe employee				
	below	ruste	trug		mpe				
	dotted line)	, G	stee		Highest compensated employee				
					e e				
				4					
(1) ANDRE BOUCHARD									
PRESIDENT				x			54,000	0	o
(2) BROOK SMILEY								-	
DIRECTOR	47.4	x					0	0	0
(3) GEORGE WARREN DELESSLIN									
DIRECTOR		x					0	0	0
(4) LINLEY LOGAN									
DIRECTOR		х					0	0	0
(5) DELESSLIN GEORGE WARREN									
DIRECTOR		Х					0	0	0
(6) STEPHEN BLANCHETT									
TREASURER				x			0	0	0
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<u>(13)</u>									
(14)				+					
(14)									
	<u> </u>				1		I	1	

Form **990** (2021)

INDIGENOUS PERFORMANCE PRODUCTIONS 84-2137738

Part VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyees	s, an			est Co	mp	ensated Employe	es (continu	ied)			
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck m ss per d a dir	son is	han one s both ar /trustee)	١	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) Estimated am of other compensati		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MIS 1099-NE(-	nization a	
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>					•								
<u>(20)</u>						X							
<u>(21)</u>				4									
(22)													
(23)				M									
<u>(24)</u>													
(25)													
1b Subtotal	ion A	1					· >						
d Total (add lines 1b and 1c)							. •	54,000 ore than \$100,000	of	0			0
Did the organization list any former officer, direct	tor trustee	kov om	nlov	/00	or h	iaheet	con	mnensated				Yes	No
employee on line 1a? If "Yes," complete Schedu	le J for such	indivia	lual								3		x
4 For any individual listed on line 1a, is the sum of reorganization and related organizations greater the	an \$150,000)? If "Y	es,"	con	nplei	te Sch	edul	le J for such			_		
individual	compensation	on from	any	unr	elate	ed orga	aniza	ation or individual			4		Х
for services rendered to the organization? <i>If</i> "Yes Section B. Independent Contractors	s," complete	Sched	ule J	J for	SUC	h pers	on		<u></u>		5		x
Complete this table for your five highest compensations.	ted independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of				
compensation from the organization. Report comp										x year.			
(A) Name and business addres	SS							(B) Description of service	es	((C) Compensa	ation	
Total number of independent contractors (including)	a but not lim	itad ta	thoo	م انہ	tod .	ahove)	طرور ۱	0					
received more than \$100,000 of compensation fro	-		tnos		ieu i	above)	, vv11	U					

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
	b	Membership dues	1b					
nts nts	C	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
fts, · An	e	Government grants (contributions)	1e					
פַ פַּ	f	All other contributions, gifts, grants,						
Sin		and similar amounts not included above	1f	103,770				
buti her	q	Noncash contributions included in		103/110				
ğ	9	lines 1a-1f	1g	s				
နှင့်	h				103,770			
				Business Code				
	2a	PERFORMANCE		711130	110,921	110,921		
<u>8</u>	b					221,222		
er Ge	С							
m S ven	d							
gra	е							
Program Service Revenue	f	All other program service revenue						
_		Total. Add lines 2a-2f			110,921	V		
	3	Investment income (including dividends, inter						
		other similar amounts)						
	4	Income from investment of tax-exempt bond	proce	eeds▶				
	5	Royalties						
		(i) Real		(ii) Personal		Ť		
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)	Δ					
	7a	Gross amount from (i) Securitie	s	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ven ue		and sales expenses 7b						
		Gain or (loss) 7c						
æ		Net gain or (loss)		<u> ▶</u>				
Other Re	8a	Gross income from fundraising	T					
δ		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
			· —	.				
	98	Gross income from gaming activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
			Ė	· · · · · · ·				
	10a	Gross sales of inventory, less returns and allowances	10a					
	h	Less: cost of goods sold	10b					
	l .	Net income or (loss) from sales of inventory						
		The three or (1666) from Sales of inventory	• •	Business Code				
S	11a							
Miscellanous Revenue	b							
lla /en	C							
isce Re		All other revenue						
Σ		Total. Add lines 11a-11d						
		Total revenue. See instructions			214,691	110,921	0	0

Part IX

Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	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				
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	53,156	53,156		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,407	6,407		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,512	2,512		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	78,382	78,382		
12	Advertising and promotion	7,991	7,991		
13	Office expenses	10,146	10,146		
14	Information technology				
15	Royalties	11.070			
16 47	Occupancy	14,353	14,353		
17 10	Travel	23,265	23,265		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	745	745		
20	Interest	144	144		
21	Payments to affiliates	4,600	4,600		
22	Depreciation, depletion, and amortization	4,000	1,000		
23	Insurance	2,264	2,264		
24	Other expenses. Itemize expenses not covered	2,201	2,201		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK CHARGES	234	234		
b	SUPPLIES	591	591		
С	TAXES & LICENSES	110	110		
d	PAYROLL PROCESSING	544	544		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	205,444	205,444	0	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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	. .										
			(A)		(B)								
			Beginning of year		End of year								
	1	Cash - non-interest-bearing	41,148	1	54,889								
	2	Savings and temporary cash investments		2									
	3	Pledges and grants receivable, net		3									
	4	Accounts receivable, net		4									
	5	Loans and other receivables from 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		5									
	6	Loans and other receivables from other disqualified persons (as defined											
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6									
	7		d loans receivable, net										
Assets	8	Inventories for sale or use		8	5,000								
ASS	9	Prepaid expenses and deferred charges		9									
•	10a	Land, buildings, and equipment: cost or other											
		basis. Complete Part VI of Schedule D 10a											
	b	Less: accumulated depreciation 10b		10c									
	11	Investments - publicly traded securities		11									
	12	Investments - other securities. See Part IV, line 11		12									
	13	Investments - program-related. See Part IV, line 11		13									
	14	Intangible assets		14									
	15	Other assets. See Part IV, line 11		15									
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41,148	16	59,889								
	17	Accounts payable and accrued expenses	11/110	17	9,491								
	18	Grants payable		18	7,171								
	19	Deferred revenue		19									
	20	Tax-exempt bond liabilities	\	20									
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21									
	22	Loans and other payables to any current or former officer, director,		<u> </u>									
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%											
ij		controlled entity or family member of any of these persons		22									
Ë	23	Secured mortgages and notes payable to unrelated third parties		23									
	24	Unsecured notes and loans payable to unrelated third parties		24									
	25	Other liabilities (including federal income tax, payables to related third		2-7									
		parties, and other liabilities not included on lines 17-24). Complete Part X											
		of Schedule D		25									
	26	Total liabilities. Add lines 17 through 25	0	26	9,491								
	20	Organizations that follow FASB ASC 958, check here	0	20	9,491								
		and complete lines 27, 28, 32, and 33.											
es	27	Net assets without donor restrictions	41,148	27	50,398								
and	28	Net assets with donor restrictions	41,140	28	50,396								
Ba	20	Organizations that do not follow FASB ASC 958, check here		20									
PI I		and complete lines 29 through 33.											
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29									
SO	30	Paid-in or capital surplus, or land, building, or equipment fund		30									
sset	31	Retained earnings, endowment, accumulated income, or other funds		31									
t As	32	Total net assets or fund balances	41,148	32	EU 300								
2	33	Total liabilities and net assets/fund balances		33	50,398								
	JJ	i otal habilites and het assets/fullu balances	41,148	აა	59,889								

Form **990** (2021) EEA

Form	aan	(2021)

Par	rt XI Reconciliation of Net Assets					<u> </u>
	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			214,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			205,	444
3	Revenue less expenses. Subtract line 2 from line 1	3			9,	247
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			41,	148
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				3
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			50,	398
Par	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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

Open to Public Inspection

ND	IGE:	NOUS PERFORMANCE PRODUC	TIONS				84-213773	3	
Pa	rt I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.	
The o	orgai	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	nly one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)			
2		A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990)).)				
3	П	A hospital or a cooperative hospita	I service organizat	ion described in section	170(b)(1)	(A)(iii).			
4	П	A medical research organization or	perated in conjunct	tion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:	•	'		`			
5	П	An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	agovernme	ental unit described in		
		section 170(b)(1)(A)(iv). (Complete	=	, , , , , , , , , , , , , , , , , , , ,		3			
6	П	A federal, state, or local government	,	Lunit described in sectio	n 170(b)(1)(A)(v).			
7	Ħ	An organization that normally received	J		` ' '	,, ,, ,	rom the general public		
•	ш	described in section 170(b)(1)(A)(John Mile general public		
8	П	A community trust described in sec		•					
9	H	An agricultural research organization			nerated in	conjunctio	n with a land-grant coll	മവമ	
,		or university or a non-land-grant co						cgc	
		university:	nege of agriculture	(See Instructions). Linter	the manie,	city, and si	ate of the college of		
10	Y	An organization that normally received	vos: (1) more than	22 1/20/, of its support fro	om contribu	utions, mor	phorobin food and grad		
10	Δ	receipts from activities related to its						5	
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less secti	on 511 tax) from businesses		
		acquired by the organization after							
11	님	An organization organized and ope	,			, ,,	•	4	
12	Ш	An organization organized and ope				_			I-
		one or more publicly supported org). Cnec	K
		the box in lines 12a through 12d tha	• •			•	•		
á	1	Type I. A supporting organizat				_		ving	
		the supported organization(s) the				airectors	or trustees of the		
		supporting organization. You n	-						
k)	Type II. A supporting organiza						_	
		control or management of the s			persons tha	it control o	r manage the supporte	d	
		organization(s). You must cor							
(;	☐ Type III functionally integrate						with,	
		its supported organization(s) (s							
(t	☐ Type III non-functionally inte	-						
		that is not functionally integrate	-	• •			ent and an attentivenes	S	
		requirement (see instructions).							
•	•	☐ Check this box if the organization					I, Type II, Type III		
		functionally integrated, or Type		integrated supporting or	rganization				Г
f		inter the number of supported organ							
9		Provide the following information about		ganization(s).	I		[
4	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary		Amount of
				above (see instructions))	listed in you docum		support (see instructions)		support (see structions)
				, , , , , , , , , , , , , , , , , , , ,		I	,		
					Yes	No			
A)									
B)									
C)									
D)									
-									
E)									
· [otal	ı								

84-2137738 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(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	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	() = 0	(3) 23 (3)	(0) = 0.0	(5,2020	(0) 2021	(.,
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the or		•				c)(3)
	organization, check this box and stop her	-			-		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			1. column (f))		14	%
15	Public support percentage from 2020 Scho					15	%
16a	33 1/3% support test - 2021. If the organi					1/3% or more,	check this
	box and stop here. The organization qual						
b	33 1/3% support test - 2020. If the organi	-		-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202			•			_
	10% or more, and if the organization meet	-					
	Part VI how the organization meets the fac						
	organization			_	=		▶ □
b	10%-facts-and-circumstances test - 202						nd line
	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					=	=
	organization			_	· ·	-	▶ □
18	Private foundation. If the organization did						see
	instructions						_

Schedule A (Form 990) 2021 EEA

84-2137738

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .			4,375	8,875	108,131	121,381
2	Gross receipts from admissions, merchandise			-	-	-	-
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose			7,101	49,727	106,560	163,388
3	Gross receipts from activities that are not an			7,7101	15,7127	100/300	103/300
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
J	furnished by a governmental unit to the						
	organization without charge						
6	-			11 454	50 500	014 601	004 560
6	Total. Add lines 1 through 5			11,476	58,602	214,691	284,769
/a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						284,769
	on B. Total Support						
	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6			11,476	58,602	214,691	284,769
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						
11	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.)	0		11,476	58,602	214,691	284,769
14	First 5 years. If the Form 990 is for the or	rganization's fir	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	2)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	rt Percentage	е				
15	Public support percentage for 2021 (line 8	3, column (f), di	ivided by line 1	3, column (f))		15	100.00 %
16	Public support percentage from 2020 Sch	edule A, Part I	II, line 15 .			16	0.00 %
Secti	on D. Computation of Investment In-	come Percer	ntage				
17	Investment income percentage for 2021 (line 10c, colum	nn (f), divided b	y line 13, colur	mn (f))	17	0.00 %
18	Investment income percentage from 2020					18	0.00 %
19a	33 1/3% support tests - 2021. If the orga	inization did no	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2020. If the organizat	ion did not check	c a box on line 1	4 or line 19a, and	d line 16 is more	than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organization	on qualifies as a	publicly supporte	ed organization	▶ 🗌
20	Private foundation. If the organization di	d not check a h	oox on line 14,	19a, or 19b, cl	neck this box a	ind see instruc	tions ▶ 🗍

EEA Schedule A (Form 990) 2021

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. A	ΑII	Supporting	Organizations
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	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			-110
-	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		24		
_	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0-		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
T	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		

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

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		T	
_			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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Casti	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vaa	NIa
4	Mara a majority of the arganization's directors or trustons during the tax year along majority of the directors		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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Socti	on D. All Type III Supporting Organizations			
Seci	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst :	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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	6:		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	้วท	1	1

84-2137738

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c **d Total** (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3

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

EEA Schedule A (Form 990) 2021

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Schedu	e A (Form 990) 2021 INDIGENOUS PERFORMANCE PI	RODUCTIONS	84-	213	7738	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	i <mark>zations</mark> (continue	ed)		
Secti	on D - Distributions				Current	Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive			
	(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) Underdistributio Pre-2021	ns	(iii) Distribut Amount fo	table
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<u> </u>				
4	Distributions for 2021 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
b	• • • • • • • • • • • • • • • • • • • •					
<u>C</u>	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					
4	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					

EEA Schedule A (Form 990) 2021

Breakdown of line 7:
a Excess from 2017
b Excess from 2018
c Excess from 2019
d Excess from 2020
e Excess from 2021

Schedule A (F	orm 990) 2021 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.)
-	
	A

EEA Schedule A (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection **Employer identification number**

INDIGENOUS PERFORMANCE PRODUCTIONS	84-2137738
01. Form 990 governing body review (Part VI, line 11)	
THE GOVERNING BODY REVIEWS THE 990 PRIOR TO FILING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
A CONFLICT OF INTEREST POLICY HAS BEEN DRAFTED.	
03. CEO, executive director, top management comp (Part VI, line 15	ia)
THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTI	VE DIRECTOR AND HIS
ADMINISTRATIVE ASSISTANT.	
04. Governing documents, etc, available to public (Part VI, line 1	.9)
DOCUMENTS ARE AVAILABLE UPON REQUEST	
DOCOMENTO THE TOTAL OF ON REGORD!	
05. List of other fees for services expenses (Part IX, line 11g)	
ARTISTIC CONTRACT PERFORMERS \$73,383	
ADMINSTRATIVE CONTRACTORS \$4,999	

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07-01, 2021,

07-01 , 2021, and ending 06-30 , 2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN INDIGENOUS PERFORMANCE PRODUCTIONS 84-2137738 Name and title of officer or person subject to tax ANDRE BOUCHARD, PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12)..... 1b 1a Form 990 check here 214,691 Form 990-EZ check here . . . Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 1120-POL check here. ▶ 3a Form 990-PF check here. .▶ Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here . . . ▶ 5a **Total tax** (Form 990-T, Part III, line 4) 6b Form 990-T check here. . . ▶ 6a Form 4720 check here . . . ▶ 7a Form 5227 check here . . . ▶ b FMV of assets at end of tax year (Form 5227, Item D) . . 8a 9a Form 5330 check here . . . ▶ 10a Form 8038-CP check here. . > Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 27852 Signature of officer or person subject to tax ▶ Date ▶ 08-25-2022 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 27852 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶ 08-25-2022 **ERO Must Retain This Form - See Instructions**

Don't Submit This Form to the IRS Unless Requested To Do So