Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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.

, 2022, and ending

Open to Public Inspection

, **20** 2023

В	Check i	if applicable:	С				· · · · · · · · · · · · · · · · · · ·					D Employ	yer ident	ification number	
	Ac	ddress change		Y PRODI			Ξ.					62-	1251	376	
	Na	ame change	100	FRANK	LIN ST	'REET					Ī	E Teleph	one num	ber	
	Ini	itial return	CLA	ARKSVIL	LE, TN	37040)-3438					931	-645	-7699	
	Fin	nal return/terminated									1				
	An	mended return										G Gross r	eceipts	\$ 738,	431.
	An	oplication pending	FΝ	lame and addr	ess of princ	pal officer:				Н	(a) Is this a	group retui	rn for sub		X No
	ш.			ME AS C						н	I(b) Are all s	subordinate	s include	d? Yes	No
T	Tax-	exempt status:		01(c)(3)	501(c)		(insert no.) 4947(a)(1	1) or	527	It "No,"	attach a list	. See ins	structions.	_
J		bsite: N/		. ()()	11 ()	,		,		н	I(c) Group e	exemption n	umber		
K		of organization:		Corporation	Trust	Associa	ition Othe	r	L Year o		n: 1984			legal domicile: TN	
	ırt I	Summar									130				
	1			e organiza	tion's mis	ssion or n	nost signific	ant activities:(OPERA	TION	OF A I	REGION	AL T	HEATRE	
a.															
nce															
Activities & Governance															
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Ğ								, line 1a)					3		19
တ္တ								body (Part VI,					4		19
ij								22 (Part V, line					5 6		11
Ę								C), line 12					7a		75 0.
٩								Part I, line 11.					7b		0.
				11000 tanas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,				_	rior Year	1 1	Current Yea	
	8	Contributions	and	grants (Pa	rt VIII, lir	ne 1h)						740,8			241.
Jue	9	Program serv	vice r	evenue (Pa	art VIII, li	ne 2g)						187,1			190.
Revenue								7d)					748.		
æ	11	Other revenu	ie (Pa	ırt VIII, colı	umn (A),	lines 5, 6	id, 8c, 9c, 1	0c, and 11e)							
								/III, c <mark>olu</mark> mn (A				928,	761.	738,	431.
	13	Grants and s	imilar	amounts	paid (Par	t IX, colu	mn (A), line	es 1-3)							
	14	Benefits paid	to or	for memb	ers (Part	IX, colur	nn (A), line	4)							
	15	Salaries, other	er cor	npensation	n, emp <mark>l</mark> oy	ee benef	its (Part IX,	column (A), li	ines 5-10	0)		332,0)25.	496,	354.
Ses	16a	Professional	fundr	aising fees	(Part IX	, column	(A), line 11	e)						·	
Expenses	h	Total fundrais	sina e	expenses (Part IX.	olumn (D)), line 25)		11 [518.					
Ä								4e)				403,8	011	E 0.2	022
								mn (A), line 25				735,8		592, 1,089,	
					-				-			192,9		-350,	
o or		revenue less	s expe	511363. Oub	rtiact iiiie	10 110111	1116 12				1			End of Yea	
ets o lance	20	Total assets	(Part	X line 16	1							g of Currer 575,9		206,	
\sse Bal≀	21											151,8			009.
Net Asse Fund Bal	22				•										
	rt II				Subtrac	. 11116 21 1	10111 11116 20					424,0	193.	13,	337.
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com	er penal plete. De	ties of perjury, I de eclaration of prepa	eclare t arer (otl	hat I have exa her than office	mined this r r) is based	eturn, includ on all inform	ling accompany ation of which p	ing schedules and s preparer has any kn	statements nowledge.	, and to the	e best of my	y knowledge	and beli	ief, it is true, correct,	and
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Cic	'n	Signature of	officer								Date				—
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J 3	5 511	Firm's addr							Firm's EIN 62-0811623						
Max	, tho I	DS discuss th	CLARKSVILLE, TN 37040									Phone no.	(93	1) 648-4786	No.

Form 990 (2022) ROXY PRODUCTIONS, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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		Х
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		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Χ	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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 for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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		Х

Form 990 (2022) ROXY PRODUCTIONS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
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? <i>If "Yes," complete Schedule J.</i>	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	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? <i>If "Yes," complete Schedule L, Part II</i>	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 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 "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	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? <i>If</i> "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		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, 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		X
	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	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	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		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	(gambling) winnings to prize winners? TEEA0104L 09/01/22	1c		
BAA	TEEA0104L 09/01/22	Form	990 (2022

Form 990 (2022) ROXY PRODUCTIONS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	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 11			
h				
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Χ
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	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			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		Х
	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.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	4-		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates?..... Χ 10a 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a **b** Other officers or key employees of the organization..... 15b Χ 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 Χ **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 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. NANCY LADD 419 FRANKLIN STREET CLARKSVILLE TN 37040 931-648-0343

Form	990	(2022)	ROXY	PRODUCTIONS.	INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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.

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.												
(C)												
(A) Name and title	(B) Average hours	thar	n one s both	(do n box,	ot che	ss pers and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-271099- (W-271099- MISC/1099-NEC)	compensation from the organization and related organizations		
(1) RYAN BOWIE	40											
PREV EXEC DIR	0		7	X			_	99,331.	0.	0.		
_(2) KURT_KOWALSKI	2	X		Х				0.	0.	0.		
(3) MELISSA SCHAFFNER	2			<u> </u>	7			0.	<u> </u>	<u> </u>		
VICE CHAIR/SEC	0	Х		Χ	Ì			0.	0.	0.		
(4) NANCY LADD	2	-										
TREASURER	0	X		X				0.	0.	0.		
(5) JOSEPH BRITTON DIRECTOR	$-\frac{2}{0}$	Х						0.	0.	0.		
(6) NANCYE BRITTON	2		П					0.	0.	0.		
DIRECTOR	0	Х						0.	0.	0.		
(7) CHARLIE FOUST	2											
DIRECTOR	0	X						0.	0.	0.		
(8) ANDREA HERRERA	2											
DIRECTOR	0	Х						0.	0.	0.		
(9) JASON HODGES	2	37						0	0	0		
DIRECTOR (10) JASON KNIGHT	2	Х						0.	0.	0.		
(10) JASON KNIGHT DIRECTOR	$-\frac{2}{0}$	Х						0.	0.	0.		
(11) LAURIE MATTA	2											
DIRECTOR	0	Х						0.	0.	0.		
(12) JOE PITTS	2											
DIRECTOR	0	X						0.	0.	0.		
(13) BILL POWERS	2]										
DIRECTOR	0	Х	Ш					0.	0.	0.		
(14) AMANDA PITT	2											
DIRECTOR	0	X						0.	0.	0.		

Part VII Section A. Officers, Directors, To		Key	Em	_	_	es,	and	d Highest Com	pensated Emp	oyees	S (conti	nued)
(A) (B) (C) Position (do not check more than one (D) (E)												
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted	box	, unle: cer an	ss pe	erson direct	is botl or/trus	h an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the c	(F) ated amonomer of other ensation in the control of the control	from tion
	line)		8			ated						
(15) JOE SHAKEENAB DIRECTOR	2	Х						0.	0.			0.
(16) JENNIFER SCRIBNER DIRECTOR	$-\frac{2}{0}$	Х						0.	0.			0.
(17) JERICA SWIGER DIRECTOR	2	X						0.	0.			0.
(18) LINDA SHEPHARD DIRECTOR	2	Х						0.	0.			0.
(19) DAVID SHELTON 2 0. 0.											0.	
(20) EMILY RUCK GENERAL DIRECTR		Х				0.	0.			0.		
(21)												
(22)												
(23)				1								
(24)												
(25)												
1b Subtotal	<u> </u>			1.7				99,331.	0.			0.
c Total from continuation sheets to Part VII, Sec	tion A		,					0.	0.			0.
d Total (add lines 1b and 1c)								99,331.	0.			0.
2 Total number of individuals (including but not limite	ed to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization 0											Yes	No
3 Did the organization list any former officer, dire	otor tructo	ر م	ov or	mnl	0).(0.0	or	hiak	act componented	omployee		ies	NO
on line 1a? If "Yes,"complete Schedule J for su	ich individu	ial						·····	· · · · · · · · · · · · · · · · · · ·	. 3		Х
4 For any individual listed on line 1a, is the sum the organization and related organizations grea such individual.	ter than \$1	50,0	00?	If "	Yes,	" cor	nple	ete Schedule J for		4		X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y	ue comper	nsatio	n fro	om :	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors												
1 Complete this table for your five highest compecompensation from the organization. Report compe	nsated ind ensation for	epen the c	dent alend	cor dar <u>y</u>	ntra year	ctors endi	tha ng v	it received more th with or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business ad								(B) Description of			C) ensatio	n
O Tabel combine of finding 1 to 1 to 1 to 2 to 2	had a CC	31 - 1 ·	- 41		:_1	1 -1	`	da aa a i i	Ale a se			
2 Total number of independent contractors (including \$100,000 of compensation from the organization)		nea t	u tho	se I	isted	ı abo	ve)	who received more	เกลก			

		0 (2022) ROXY F			, I	NC.			621251376	Page
Par	t VI	II Statement of								Г
		Check if Schedul	e O cont	tains a re	espo	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
Program Service Revenue Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f g h 2a b c d e	Federated campaig Membership dues. Fundraising events Related organizatio Government grants (cont All other contributions, g similar amounts not incl Noncash contributions in lines 1a-1f. Total. Add lines 1a- ADMISSIONS ADMISSIONS All other program s	ns	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		203,085. 229,156. Business Code	432,241. 306,190.	306,190.		
rog		Total. Add lines 2a					306,190			
Other Revenue	b c d 7a b c d 8a b c 9a b c	Less: rental expenses Rental income or (loss) Net rental income of Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b 7c on line 1c ses	(i) Real (i) Securities (ii) Securities (iii) Securities	8a 8b g ev 9a 9b	(ii) Personal (iii) Other				
		returns and allowances. Less: cost of goods			10a 10b					
	С	Net income or (loss	s) from s	ales of in	nven	tory				
SI						Business Code				
aneous inue	11a b				-					

738,431

0.

306,190.

d All other revenue. e Total. Add lines 11a-11d.

12 Total revenue. See instructions.....

Statement of Functional Expenses Part IX

SOP 98-2 (ASC 958-720).....

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. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 0. 77,338. 38,669. 38,669 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 336,678 168,339 168,339 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 49,550 24,775 24,775 10 16,394 16,394 32,788 11 Fees for services (nonemployees): c Accounting..... 21,461 21,461 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 8,590 8,590 13 43,037 43,037 14 Information technology...... 15 Royalties.... 39,543. 39,543. 34,308. 34,308. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... Depreciation, depletion, and amortization . . . 10,548. 10,548. 23 14,930. 14,930 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)... PRODUCTION COSTS 291,601 291,601 ACTOR HOUSING 45,774 45,774 c TICKET FEES 27,893 27,893 MAINTENANCE 20,106 20,106 35,042. 22,395. 1,129 11,518 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . 748,935. 1,089,187. 328,734. 11,518. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any line	e in this Part X			
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			378,229.	1	38,513.
	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 form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribursons	r, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section 4958(f)(1).	-	The state of the s		6	
	7	Notes and loans receivable, net		· · · ·		7	
S.	8	Inventories for sale or use			29,258.	8	29,258.
Assets	9	Prepaid expenses and deferred charges		H	40,634.	9	17,817.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		164,929.	10/001.		17,017.
	b	Less: accumulated depreciation.		44,171.	127,806.	10c	120,758.
	11	Investments – publicly traded securities		<i>'</i>		11	120/100:
	12	Investments – other securities. See Part IV, line 11		H		12	
	13	Investments – program-related. See Part IV, line 11.		F		13	
	14	Intangible assets.		F		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			575,927.	16	206,346.
	17	Accounts payable and accrued expenses			16,500.	17	15,565.
	18	Grants payable			,,,,,,,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 3	5%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third			135,334.	24	117,444.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			133,334.	25	117,444.
	26	Total liabilities. Add lines 17 through 25			151,834.	26	133,009.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	[X	,		,
a	27	Net assets without donor restrictions			424,093.	27	73,337.
a	28	Net assets with donor restrictions			,	28	,
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
şţe	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31		Retained earnings, endowment, accumulated income, or other funds				
t A	32	Total net assets or fund balances			424,093.	31	73,337.
ş	33	Total liabilities and net assets/fund balances			575,927.	33	206,346.
D /	^		TFFA01111		2.0,027.		Earm 990 (2022)

Form **990** (2022)

_	(
Par	t 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)		7	38,4	431.
2	Total expenses (must equal Part IX, column (A), line 25)	$\overline{}$	1,0	89,1	L87.
3	Revenue less expenses. Subtract line 2 from line 1		-3	50,	756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	24,0	93.
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			
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		73,3	337.
Par	t 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 experiment on changed its mothed of ecosyntian from a prior year or checked "Other" experiment				
	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 review	ed 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 separate	ate			
	basis, consolidated basis, or both:				
	X 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 audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2-		Х
			2c		Λ
	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	Uniform			
	Guidance, 2 C.F.R Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
BAA	TEEA0112L 09/01/22		Form	9 90	(2022)

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

	me of the organization Employer identification number ANY PRODUCTIONS INC 621251376											
	Y PRODUCTIONS, INC.					621251376						
	t I Reason for Public Cha	<u> </u>				<u>'</u>	ctions.					
The c	organization is not a private found	`	•		-	•						
1	A church, convention of church	,		•	b)(1)(A)(i).						
2	A school described in section		·									
3	A hospital or a cooperative h					• • •						
4	A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	Enter the hospital's					
	name, city, and state:											
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or opera	ated by	a governmental unit d	escribed in					
6	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).						
7	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	ıblic described					
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)								
9	An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege					
	or university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	the nam	ne, city, a	and state of the college	or					
	university:											
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11	An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).						
12	An organization organized an or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	r sectio	n 509(a`)(2). See section 509 (a	a)(3). Check the box on					
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup	ported o	rganizati	ion(s), typically by givin	g the supported					
b	Type II. A supporting organiz management of the supporting must complete Part IV. Secti	ation supervised or or organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You					
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, an	nd functio	onally integrated with, its	supported					
d	Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	nanization operated in cor	nection	with its s	supported organization(stands and an attentiveness	s) that is not requirement (see					
е	Check this box if the organiz	ation received a writt	en determination from t	the IRS								
f	integrated, or Type III non-fu Enter the number of supported											
q	Provide the following information	-										
_	(i) Name of supported organization		(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other					
	,	(-)	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)					
				Yes	No							
(A)												
(B)												
(C)												
(D)												
(-)												
<u>(E)</u>												
Total												

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

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

Sec	tion A. Public Support		, p		-7		
Cale	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	232,716.	113,510.	294,603.	740,869.	432,241.	1,813,939.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		===,====		,		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	232,716.	113,510.	294,603.	740,869.	432,241.	1,813,939.
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)						79,401.
6	Public support. Subtract line 5 from line 4						1,734,538.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	232,716.	113,510.	294,603.	740,869.	432,241.	1,813,939.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,813,939.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						
14 15	Public support percentage for 20 Public support percentage from 2	•					95.62 % 95.66 %
16a	33-1/3% support test—2022. If the and stop here. The organization	he organization di qualifies as a pul	d not check the bolicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and stop here publicly supporte	e. Explain in Part dorganization.	VI how the
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions
BAA						Schedule	A (Form 990) 2022

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	otto notou polon,	produce comprete				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(5) 2013	(0) 2020	(u) 2021	(6) 2022	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.				7		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul			ino 12 (0)	<u> </u>	145	O .
	Public support percentage for 20	•	•				<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(6)	1 4 - 1	
	Investment income percentage f	•		-			<u> </u>
	Investment income percentage f						% Lline 17
	33-1/3% support tests—2022. If it is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization.	
	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the support tests—2021.	, check this box a	and stop here. Th	ie organization qu	alifies as a public	ly supported organ	ization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	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		
За	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
t	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.	3b		
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.	3c		
4 a	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.	4a		
t	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		
c	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.	4c		
5a	a 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		
	S Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
Ū	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 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		
t	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		
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.	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)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Page 5

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		
	b 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.	11c		
Se	ction 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 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, supervised, or controlled the supporting organization.	2		
Se	ction 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. 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 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		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	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	instru	ıctıons	S).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	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 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>			
	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? <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 of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

INC

Schedule A (Form 990) 2022	ROXY PRODUCTIONS,	INC.		62125	1376	Page (
Part V Type III Non-Function	nally Integrated 509(a)(3		aniza	tions		-
1 Check here if the organizatio instructions. All other Type	on satisfied the Integral Part Te III non-functionally integrated s	est as a qualifying trus supporting organization	st on N ons mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Section A – Adjusted Net Inco	me			(A) Prior Year	(B) Current (optiona	
1 Net short-term capital gain			1			

	•			(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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	l Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion 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		

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

BAA Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	ction D — Distributions		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017
cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017
a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See
b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See
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d From 2020
e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See
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from line 1. For result greater than zero, <i>explain in Part VI</i> . See
7 Excess distributions carryover to 2023. Add lines 3j and 4c.
8 Breakdown of line 7:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

BAA Schedule A (Form 990) 2022

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 D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

ROX	Y PRODUCTIONS, INC.		621251376
Pai		onor Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5		onor advisors in writing that the assets held in dee organization's exclusive legal control?	
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing that grant fun it of the donor or donor advisor, or for any other	ds can be used only r purpose conferringYes No
Pai	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held l	<u> </u>	
	Preservation of land for public use (for exar		ion of a historically important land area
	Protection of natural habitat	Preservat	on of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year.		Held at the End of the Tax Year
á	Total number of conservation easements		2a
		ements	
(Number of conservation easements on a cer	tified historic structure included in (a)	2c
	Number of conservation easements included	in (c) acquired after July 25, 2006 and not on a	
	historic structure listed in the National Regis	er	2d
3		insferred, released, extinguished, or terminated by t	the organization during the
	tax year		
4	Number of states where property subject to o	egarding the periodic monitoring, inspection, ha	
5	and enforcement of the conservation easem	ents it holds?	Yes No
6		inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue an to the organization's financial statements that or	d expense statement and balance sheet, and describes the organization's accounting for
Pai		ollections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted und historical treasures, or other similar assets h Part XIII the text of the footnote to its finance	er FASB ASC 958, not to report in its revenue significant section of the second section of the section of th	tatement and balance sheet works of art, in furtherance of public service, provide in
ŀ	historical treasures, or other similar assets held following amounts relating to these items:	er FASB ASC 958, to report in its revenue state for public exhibition, education, or research in further	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII	, line 1	\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, amounts required to be reported under FASE	historical treasures, or other similar assets for finar ASC 958 relating to these items:	ncial gain, provide the following
	Revenue included on Form 990, Part VIII, lin	e 1	<u>\$</u>
	necete included in Lerm (III) Dort V		ς

Part III Organizations Maintainin	g Collections of Art, His	toricai i reasures, o	or Other Similar As	ssets (continuea)
3 Using the organization's acquisition, access items (check all that apply):	sion, and other records, check a	ny of the following that ma	ake significant use of its	collection
a Public exhibition	d Loan	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations	_			
4 Provide a description of the organization's Part XIII.	collections and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization so to be sold to raise funds rather than to be				Yes No
Part IV Escrow and Custodial Arreported an amount on Form 990	r angements. Complete if th , Part X, line 21.	e organization answered	"Yes" on Form 990, Par	t IV, line 9, or
1 a Is the organization an agent, trustee, cu	stodian or other intermediary	for contributions or othe	er assets not included	
on Form 990, Part X?				Yes No
•				Amount
c Beginning balance			1с	
d Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2a Did the organization include an amount	on Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
b If "Yes," explain the arrangement in Par	t XIII. Check here if the expla	nation has be <mark>en provid</mark> e	ed on Part XIII	<u> </u>
Part V Endowment Funds. Comple			<u> </u>	+
	Current year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the	current year end balance (lin	e 1g, column (a)) held a	as:	
a Board designated or quasi-endowment	%			
b Permanent endowment	%			
c Term endowment	26			
The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.			
3 a Are there endowment funds not in the poss	ession of the organization that a	are held and administered	for the	TV N
organization by: (i) Unrelated organizations				Yes No
(ii) Related organizations				3a(i)
b If "Yes" on line 3a(ii), are the related on				3a(ii)
4 Describe in Part XIII the intended uses	-			. 30
Part VI Land, Buildings, and Equ		int iunus.		
Complete if the organization answ		IV line 11a Coe Form 00	On Part V line 10	
			1	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		222.0 (00.01)	2.5 2.00.00001	
b Buildings				
c Leasehold improvements				
d Equipment		44,225.	32,771.	11,454.
e Other		120,704.	11,400.	109,304.
Total. Add lines 1a through 1e. (Column (d) n				120,758.

BAA Schedule D (Form 990) 2022

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" or	n Form 000 Part IV line	N/A	
(a) Descrir	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	I derivatives	(B) Book value	(c) Method of Valuation. Cost of end-	or-year market value
` '	neld equity interests			
(3) Other				
_				
(A) (B) (C) (D) (E)				
(C)				
(0)		-		
(F)				
		-		
(F) (G)		-		
(H)		-		
		-		
Total (Column	(h) much arrive [Form 000 Bart V column (B) line 12)			
	(b) must equal Form 990, Part X, column (B) line 12.)		NI / 7\	
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" or	n Form 990 Part IV line	N/A 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	ımn (b) must equal Form 990, Part X, column ((B) line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.		ription of liability		(b) Book value
	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
-	(b) must equal Form 990, Part X, column (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the fo			s liability for uncertain
	ider FASB ASC 740. Check here if the text of the footnote ha		manoral ocacomonico that reports the organization	s nability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	815,195.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	76,764.
3 Subtract line 2e from line 1.	3	738,431.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	738,431.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,165,951.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	76,764.
3 Subtract line 2e from line 1.	3	1,089,187.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	1 000 107
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,089,187.
Part 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ROXY PRODUCTIONS, INC.

Employer identification number
621251376

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

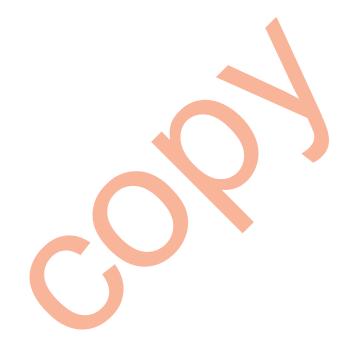
BOARD TREASURER (A CPA) WILL REVIEW THE 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD DETERMINED AND APPROVED THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS AND 990 AVAILABLE UPON REQUEST.



2022	FEDERAL	WORKSHI	EETS			PAGE 1
	ROXY PRO	DUCTIONS, IN	NC.			621251376
10/05/23						06:00AN
FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS						
	PROGRAM SERVICES TOTAL	FORM 990	_	SOU	RCE	
TOTAL EXPENSES GRANTS REVENUE	748,935. 0. 0.	0	. PART	IX, LINE 2 IX, LINES VIII, LINE	1-3, COL.	В
FORM 990, PART IX, LINE 24E OTHER EXPENSES						
	A) <u>TOT </u>	PR	(B) ROGRAM RVICES	(C) MANAGEMI & GENER		(D)
BANK CHARGES EDUCATION PROGRAMS FILM SERIES		1,129. 7,000. 8,543.	7,000. 8,543.		129.	
FUNDRAISING EXPENSES MISC EXPENSES		1,518. 6,852. 5,042. \$	6,852. 22,395.		129. \$	11,518.
EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5						
2018 2019 TENNESSEE ARTS COMMISSION 20,330 18,200		7,600 1	<u>22 </u>	TOTAL 115,680	2% AMT 36,279	EXCESS 79,401
20,000 10,200	. ,	•	•			

2022 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY			PAGE 1
ROXY PRODUCTIONS, INC.			621251376
10/05/23			6:00 AM
DEVENUE	2022	2021	DIFF
REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME.	432,241 306,190 0	740,869 187,144 748	-308,628 119,046 -748
TOTAL REVENUE	738,431	928,761	-190,330
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	496,354 592,833 1,089,187	332,025 403,811 735,836	164,329 189,022 353,351
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	-350,756 206,346 133,009 73,337	192,925 575,927 151,834 424,093	-543,681 -369,581 -18,825 -350,756