Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public. $u \ \text{Go to} \ \textit{www.irs.gov/Form990} \ \ \text{for instructions and the latest information.}$

OMB No. 1545-0047 2019 Open to Public Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A	For the	e 2019 calendar year, or tax year beginning $07/01/19$, and ending $06/30/2$	20		
В	Check if a			D Employer	r identification number
	Address c	thange JUDY DWORIN PERFORMANCE PROJECT, INC			
同	Name cha	Doing business as			064328
=		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number 527-9800
ш	Initial retur			800-	327-9000
	terminated				274 620
	Amended	return F Name and address of principal officer:		G Gross rec	reipts \$ 374,639
П	Application		H(a) Is this a gr	oup return for s	subordinates? Yes X No
_		75 CHARTER OAK AVENUE	H(b) Are all sub	ordinates incl	uded? Yes No
		HARTFORD CT 06106	1 ''		(see instructions)
_	Toy over	npt status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527	1		
<u> </u>	Website:	LITTLE TIPLIFOLISM OF CO.	H(c) Group exe	motion numbe	or II
<u>.</u>			Year of formation: 1		M State of legal domicile: CT
	Part I	Summary	real of formation.		M State of regal definition. ——
		Briefly describe the organization's mission or most significant activities:			
ė		SEE SCHEDULE O			
anc	'				
Governance	'				
Š	2 (Check this box u if the organization discontinued its operations or disposed of more than 25			
∞	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			12
Activities		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			13
Acti		Total number of volunteers (estimate if necessary)		اما	12
	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1 d	Net unrelated business taxable income from Form 990-T, line 39		7b	0
		Contributions and sounds (Data VIIII For 41)	Prior Yea	6,337	Current Year 332,174
ne	8 (Contributions and grants (Part VIII, line 1h)		1,988	41,567
Revenue	9 1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14	148
Re	10 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,243	750
	1	Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,582	374,639
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		7,00=	0
		Benefits paid to or for members (Part IX, column (A), line 4)			0
G	1 45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24	4,510	248,536
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
- De	b∃	Total fundraising expenses (Part IX, column (D), line 25) u			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18	6,127	167,706
	18 7	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,637	416,242
		Revenue less expenses. Subtract line 18 from line 12		8,945	-41,603
Net Assets or	<u> </u>	Fotal coasts (Part V. Fine 4C)	Beginning of Cui		End of Year
Asset Rala	20	Total assets (Part X, line 16)		1,966 3,685	524,657 437,979
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		8,281	86,678
	Part II	Net assets or fund balances. Subtract line 21 from line 20	12	0,201	00,070
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	ate and to the hee	t of my kno	wledge and helief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h			wicage and belief, it is
Sig	gn	Signature of officer		Date	
He		_ JUDY DWORIN EXECU	TIVE DIE	RECTOR	<u>.</u>
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai		JESSICA L BRAGG, CPA	11/13	/20 self-em	
	parer	Firm's name } BUDWITZ & MEYERJACK, P.C.	F	irm's EIN }	06-1218594
US	e Only	322 MAIN ST			060 685 4665
_		Firm's address } FARMINGTON, CT 06032	F	hone no.	860-677-4697
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
For DAA		ork Reduction Act Notice, see the separate instructions.			Form 990 (2019)

Form 990 (2019) DUDI DWORIN FERFORMANCE PROJECT, INC 22-3004328	Page Z
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III	A
Briefly describe the organization's mission: SEE SCHEDULE O	
• • • • • • • • • • • • • • • • • • • •	
•	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 55,979 including grants of \$) (Revenue \$	34,167)
THE AWARD-WINNING ENSEMBLE INSPIRES CHANGE THROUGH INNOVATIVE,	
THEATER EXAMINING CONTEMPORARY SOCIAL JUSTICE ISSUES AND CULTU	
DECEMBER 2019, THE ENSEMBLE PRESENTED A RETROSPECTIVE EVENING,	
HER PEACE, AT HARTFORD STAGE CELEBRATING JDPP'S 30TH YEAR ANNIV	ERSARY. JDPP
IS DEVELOPING A NEW WORK, COLORFIELDS, INSPIRED BY ABSTRACT EXP	
PAINTER HELEN FRANKENTHALER IN PARTNERSHIP WITH THE NEW BRITAIN	
AMERICAN ART. SINCE THE COVID CRISIS, THE ENSEMBLE HAS PRESENTE	
OF ONLINE OPEN REHEARSALS AND A NEW SERIES: RESPONSE AND A CALL	IN SUPPORT
OF THE BLM MOVEMENT THAT WILL CONTINUE THROUGHOUT THE YEAR.	
•	
·	
4b (Code:) (Expenses \$ 136,188 including grants of \$) (Revenue \$	5,900)
JDPP'S NOTED BRIDGING BOUNDARIES ARTS INTERVENTION PROGRAM COUP	
WITH SOCIAL WORK REACHING OUT TO THOSE AFFECTED BY INCARCERATION	
IS FEATURED IN THE CPTV DOCUMENTARY "MAKING ME WHOLE PRISON, A	RT &
HEALING" (CPTV.ORG/MAKING-ME-WHOLE/). JDPP'S RESIDENCIES FOR W	
CI INCLUDE A PERFORMANCE RESIDENCY, A MOMS & KIDS, PROGRAM, &	
RECENTLY I A.M. (IMAGINATION, ARTS & ME) FOR 18 TO 25 YEAR OLDS	
LEADS A DADS & KIDS PROGRAM AT CYBULSKI CI AS WELL AS AN IN-SCH	
FOR CHILDREN WITH PARENTS IN PRISON. ADDITIONALLY JDPP OFFERS S PROGRAMS FOR RETURNING CITIZENS. SINCE THE COVID-19 CRISIS, JDP	
ABLE TO CONTINUE ITS PRISON PROGRAMMING VIA CORRESPONDENCE IN (
WITH THE DEPARTMENT OF CORRECTION.	COOPERATION
···	
4c (Code:) (Expenses \$ 41,881 including grants of \$) (Revenue \$	1,500)
4c (Code:) (Expenses \$ 41,881 including grants of \$) (Revenue \$ JDPP'S MOVING MATTERS! PROGRAM OFFERS SCHOOLS ARTS EDUCATION PROGRAM OFFERS SCHO	ROGRAMS
EXPLORING MOVEMENT AND THE CREATIVE ARTS AS TOOLS FOR LEARNING	
GROWTH. THE 25-YEAR MOVING MATTERS! RESIDENCY PROGRAM AT PARKVI	
COMMUNITY SCHOOL ENGAGES THE ENTIRE SCHOOL IN A 12-WEEK RESIDEN	
CULMINATING IN A JOYOUS PERFORMANCE AT TRINITY COLLEGE FOR PEER	
AND COMMUNITY MEMBERS. DESCRIBED AS A NATIONAL MODEL IN ARTS EVIT IS A HIGHLY SUCCESSFUL PARTNERSHIP BETWEEN JDPP, TRINITY COL	
PARKVILLE. IN 2020, THIS PROGRAM ALSO EXPANDED TO MOYLAN ELEMEN	
IN HARTFORD. JDPP OFFERS SHORTER TERM RESIDENCIES THROUGH HARTF	
PERFORMS. ALL JDPP PROGRAMMING IS CONTINUING VIA VIRTUAL CLASSE	
PANDEMIC.	
•	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses u 234,048	

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,"		3,7	
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 21
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		х
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? 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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		40-		v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h		х
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		-22
b	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		X
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? If "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? If "Yes," complete Schedule F, Parts III and IV	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) JUDY DWORIN PERFORMANCE PROJECT, INC 22-3064328 Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 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 "Yes," complete Schedule L, Part IV X 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X Part V 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 16 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Form 990 (2019) JUDY DWORIN PERFORMANCE PROJECT, INC 22-3064328

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

	Statements Regarding Other Into Finings and Tax Compilation (Contains	uou,			١,,	T					
20	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay		1		Yes	No					
Za	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	13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	J									
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? <i>If "No" to line 3b, provide an explanation on Schedule</i> C			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		v over.								
	a financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x					
b	If "Yes," enter the name of the foreign country ${f u}$										
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad										
5a											
b											
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					Х					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
				6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions										
	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 go	ods									
	and services provided to the payor?			7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?			7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?		7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?		74		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		Х					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		Х					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e								
	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.										
а											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b							
10	Section 501(c)(7) organizations. Enter:	, ,	1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	, ,	ı								
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources										
	against amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а				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	ا مد ا									
_	the organization is licensed to issue qualified health plans	13b									
C	Enter the amount of reserves on hand	13c		440		v					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral			4.5		x					
	excess parachute payment(s) during the year?			15							
16	If "Yes," see instructions and file Form 4720, Schedule N.	000=-	2	46		х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	icome	ſ	16		^					
	If "Yes," complete Form 4720, Schedule O.										

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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	1b	12			
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		х
3	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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Х
5	Did the experiencian become guern during the year of a significant diversion of the experiencian's experts?					Х
6	Did the organization have members or stockholders?					Х
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 yea					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			Oh.	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 O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue	Code.)		
					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 for	n?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in 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		X
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 u CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990-T (Section 6104 or 1024-	ction 5	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X 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	st poli	y, 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 record	ls u				
J	JDY DWORIN 75 CHARTER OAK AVENUE, SUITE 206					
HZ	ARTFORD CT 0610	6	8	60-52	7-9	800

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	k, unle cer ai	ess pe	ition more rson i	than one s both an or/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	- (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) ROBIN CULLEN									
	2.00						_	_	
DIRECTOR	0.00	Х		Х			0	0	0
(2) SHEILA FISHER	1 00								
DIDECTOR	1.00	х					0	0	0
DIRECTOR (3) KATHY BORTECK GE		Λ					0	0	0
(5) KATHI BORIECK GI	3.00								
DIRECTOR	0.00	х					0	0	0
(4) AMY GOLDBAS	0.00						i i		
(.,	2.00								
DIRECTOR	0.00	х					0	0	0
(5) JOSEPH LEA									
	2.00								
DIRECTOR	0.00	X					0	0	0
(6) NANCY PAPPAS									
	2.00								
DIRECTOR	0.00	Х					0	0	0
(7) TJ PARKER									
	1.00								
DIRECTOR	0.00	Х					0	0	0
(8) CRISTINA SANTIAG	1.00								
VICE PRESIDENT	0.00	x		x			0	0	0
(9) ANN MARIE SOKOL	0.00	Λ		^			0	0	<u> </u>
(9) FIGURE FORCE	3.00								
TREASURER	0.00	х		x			0	0	0
(10) SANDRA WARD									
· ,	2.00								
SECRETARY	0.00	Х					0	0	0
(11) JUDY WEINSTEIN									
	5.00								
PRESIDENT	0.00	X		X			0	0	0

Part VII Section A. Office	ers, Directors, Tru	ıstee	es, K	ey E	mpl	loyee	es, a	and Highest Compensated	d Employees (continued)				ago c
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson i	than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) stimated a of othe compensa from th	er ation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio ted orgal		s
(12) HELEN WONG	1.00	х						0	0				0
(13) VERON WALTE	R\$-BEAULII 1.00 0.00	Ψ X						0	0				0
(14) MARCI YAFFA	1.00								0				
(15) JUDY DWORIN	30.00	X						0	0				0
EXECUTIVE DIRECTOR	0.00			X				0	0				0
1b Subtotal							u						
c Total from continuation sl d Total (add lines 1b and 1c	neets to Part VII,	Sect	ion <i>i</i>	Α			u u						
Total number of individuals reportable compensation from				those	e list	ed at	oove	e) who received more than S	\$100,000 of			Yes	No
3 Did the organization list any employee on line 1a? If "Ye4 For any individual listed on line 1a?	s," complete Sched	lule .	J for	such	ind	lividua	al		rom the		3		х
organization and related organization and related organization and related organization and related on line individual.	ganizations greater	thar	\$15 	50,00	0? <i>I</i> I	f "Yes	s," c	omplete Schedule J for suc	h 		4		X
for services rendered to the Section B. Independent Contract	organization? If "Y										5		Х
Complete this table for your compensation from the organical compensation.	five highest comp nization. Report co							ar year ending with or withir	n the organization's tax yea	ır.		(2)	
Name	(A) and business address							Descrip	(B) tion of services		Cor	(C) npensatio	on
2 Total number of independer								e listed above) who	0				

Part VIII Statement of	of	Revenue
------------------------	----	---------

		Check if	Sch	edule O conta	ains a	a respoi	nse or note	e 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 sections 512-514
SS											
Contributions, Gifts, Grants and Other Similar Amounts		Federated camp	•		1a						
ပ် ဋ	b	Membership due	es		1b						
ţţ.		Fundraising ever			1c						
를 증		Related organiza			1d						
Sim		Government grants (co			1e		21,061	-			
e ti	f	All other contributions,									
혈損		and similar amounts not included above					311,113				
t o	g	Noncash contributions i	included	in lines 1a-1f	1g	\$	8,500				
ರ್ಣ	h	Total. Add lines	1a-1f	: 			u	332,174			
							Business Code	е			
بو	2a	PERFORMANCE	INC	COME				37,467	37,467		
ΣŚ	b	WORKSHOPS	AND I					4,100	4,100		
Program Service Revenue	С	• • • • • • • • • • • • • • • • • • • •									
eve	d										
pg.	e										
<u> </u>	f	All other program		ice revenue							
	a.	Total. Add lines					`	41,567			
	3	Investment incor					u	12/307			
	Ū	other similar am	`	Ü	•	,	u	148			148
	4	Income from inve	,					110			110
						•					
	5	Royalties		(i) Real							
	_			(I) Real		(11)	Personal				
	6a	Gross rents	6a					_			
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from	e or (l	ι ΄							
	<i>.</i> u	sales of assets (1) Securities		ties (ii)		i) Other					
		other than inventory	7a								
e	b	Less: cost or other									
Ver		basis and sales exps.	7b								
Re	С	Gain or (loss)	7с								
Other Revenue	d	Net gain or (loss)		<u></u>		u				
됩	8a	Gross income from	fundra	ising events							
		(not including \$									
		of contributions repo	orted o	n line 1c).							
		See Part IV, line 18	}		8a						
	b	Less: direct expe			8b						
		Net income or (le			events		u				
		Gross income from		_							
		See Part IV, line 19	`	g dour	9a						
	h	Less: direct expe			9b						
		Net income or (le				1	u				
		Gross sales of in				1	u				
	IVa	returns and allow		•	10a						
	L							_			
		Less: cost of god			10b	<u> </u>					
	C	Net income or (le	uss) fr	om sales of inve	ntory		Business Code				
sn	44						Dusiness Code		850		
Miscellaneous Revenue	11a	MISCELLANEC						750	750		
la en	b										
Sce Re/	С										
Ξ̈́		All other revenue									
	е	Total. Add lines	11a-	<u> 11d</u>			u	750			
	12	Total revenue.	See in	nstructions			u	374,639	42,317	0	148

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 (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 229,378 131,024 98,354 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 19,158 11,010 8,148 Payroll taxes Fees for services (nonemployees): Management Legal 28,501 28,501 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column 37,341 21,663 15,678 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 3,419 2,261 1,158 29,961 10,85819,103 13 Office expenses 930 930 Information technology 14 15 Royalties 15,272 16 12,518 2,754 Occupancy 2,700 2,125 575 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,133 1,690 Conferences, conventions, and meetings 443 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 19,387 16,431 2,956 23 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.) PROGRAM SUPPLIES 8,178 8,118 60 4,381 2,287 6,668 FUNDRAISING 4,500 MUSIC/SOUND DESIGN 4,500 COSTUMES 3,442 3,442 5,2745,274e All other expenses $416,\overline{242}$ 182,194 0 234,048 Total functional expenses. Add lines 1 through 24e ... 25 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 u following SOP 98-2 (ASC 958-720)

			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		219,755	1	409,154
2	Savings and temporary cash investments		25,865	2	109,274
3	Pledges and grants receivable, net		,	3	•
4	Accounts receivable, net		7,000	4	1,200
5	Loans and other receivables from any current or forme	er officer, director.	·		•
	trustee, key employee, creator or founder, substantial of	· · · · · ·			
	controlled entity or family member of any of these pers			5	
6	Loans and other receivables from other disqualified pe				
	under section 4958(f)(1)), and persons described in se			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		8,317	9	4,000
	Land, buildings, and equipment: cost or other		7,5=1		
	basis. Complete Part VI of Schedule D	10a			
l b	Less: accumulated depreciation			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	Latera 20 La casa da			14	
15	Other assets. See Part IV, line 11		1,029	15	1,029
16	Total assets. Add lines 1 through 15 (must equal line		261,966	16	524,657
17	Accounts payable and accrued expenses		19,387	17	19,755
18	Grants payable and doorded expenses			18	
19	Grants payable		114,298	19	221,588
20	Deferred revenue		20		
21	Tax-exempt bond liabilities	of Schedule D		21	
22	Loans and other payables to any current or former office				
	trustee, key employee, creator or founder, substantial of				
	controlled entity or family member of any of these pers			22	
23				23	
24	Unsecured notes and loans payable to unrelated third			24	196,636
25	Other liabilities (including federal income tax, payables				230,030
23	parties, and other liabilities not included on lines 17-24				
	of Schedule D). Complete Fait X		25	
26	Total liabilities. Add lines 17 through 25		133,685	26	437,979
20	Organizations that follow FASB ASC 958, check he		133,003		10,75,5
	and complete lines 27, 28, 32, and 33.				
27			128,281	27	54,327
28	Not access with decay postulations			28	32,351
-0	Organizations that do not follow FASB ASC 958, c	heck here 11			0_,00_
	and complete lines 29 through 33.				
29	Conital stock or trust principal or surrent funds			29	
30	Paid-in or capital surplus, or land, building, or equipme	ent fund		30	
31	Retained earnings, endowment, accumulated income,			31	
32			128,281	32	86,678
32	Total net assets or fund balances Total liabilities and net assets/fund balances		261,966	33	524,657

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			639
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 242</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		41,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	28,	281
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	- 1	86,	<u>678</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X 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 basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain 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		X
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		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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.

b) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

u Attach to Form 990 or Form 990-EZ.

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

JUDY DWORIN PERFORMANCE PROJECT, INC

Employer identification number 22-3064328

			OODI DHORIN	I BREORGE I ROC	Juci ,	T11/C	22 300	1320			
Pa	rt I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.			
The c	rga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	neck only	one box.)					
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).				
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)					
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(i	ii).				
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	_	city, and state	e:								
5	\Box	•		f a college or university owned of	or operate	d by a go	overnmental unit described in				
	_	_	(b)(1)(A)(iv). (Complete Part	-	•	, ,					
6	П			·	ection 17	0(b)(1)(A))(v).				
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	П			170(b)(1)(A)(vi). (Complete Part	II.)						
9	Н	-		cribed in section 170(b)(1)(A)(ix	•	ed in coni	unction with a land-grant colleg	е			
		-	•	f agriculture (see instructions). E		-					
10		An organizati	on that normally receives: (1)) more than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, and gros	S			
	_	receipts from	activities related to its exemp	pt functions—subject to certain e	exceptions	, and (2)	no more than 33 1/3% of its				
			S .	d unrelated business taxable inc	,		•				
	$\overline{}$		•), 1975. See section 509(a)(2).							
11	Н			exclusively to test for public safet							
12	Ш	•	•	exclusively for the benefit of, to p							
				cations described in section 509	. , , ,			•			
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I.A. supporting organization operated supporting operated supporting operated operate										
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the										
			• ,, ,	omplete Part IV, Sections A ar		or the dire	solors or trustees or the				
	b		•	pervised or controlled in connect		ts suppor	ted organization(s), by having				
	_			ing organization vested in the sa		• • •		d			
			ion(s). You must complete	-	·		0				
	С			supporting organization operated tructions). You must complete				th,			
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)			
		that is no	ot functionally integrated. The	organization generally must sat	tisfy a dis	tribution r	equirement and an attentivenes	SS			
		requireme	ent (see instructions). You n	nust complete Part IV, Section	s A and	D, and P	art V.				
	е	functional	lly integrated, or Type III nor	eived a written determination from n-functionally integrated supporti			a Type I, Type II, Type III				
	f		mber of supported organization								
	g	Provide the fo	ollowing information about th	e supported organization(s).			I	-			
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on lines 1–10 above (see instructions))	1 1	ur governing ment?	support (see instructions)	other support (see instructions)			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	,,	,			
(A)											
()											
(B)											
` ,											
(C)											
(-)											
(D)											
. ,											
(E)											
	_										
-											

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						
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	350,687	426,076	330,084	406,337	332,174	1,845,358
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	350,687	426,076	330,084	406,337	332,174	1,845,358
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						1,845,358
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	350,687	426,076	330,084	406,337	332,174	1,845,358
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11	11	11	14	148	195
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						1,845,553
12	Gross receipts from related activities, etc.	(see instructions)				12	90,641
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here	э					
Sec	tion C. Computation of Public Si	upport Percent	tage				
14	Public support percentage for 2019 (line 6,	column (f) divided	by line 11, column	(f))		14	99.99%
15	Public support percentage from 2018 Sche		4.4			45	100.00%
16a	33 1/3% support test—2019. If the organ	ization did not chec					
	box and stop here. The organization quali	fies as a publicly s	upported organizat	ion			▶ X
b	33 1/3% support test—2018. If the organ	ization did not chec	k a box on line 13				
	this box and stop here. The organization of	qualifies as a public	cly supported organ	nization			▶ □
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet	s the "facts-and-circ	cumstances" test, o	check this box and	stop here. Explain	n in	
	Part VI how the organization meets the "fa	cts-and-circumstan	ces" test. The orga	anization qualifies a	as a publicly suppo	orted	
	organization						▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this box	x and stop here.		
	Explain in Part VI how the organization me supported organization			•		•	▶ [
18	Private foundation. If the organization did instructions	not check a box of	n line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	•	. —

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							
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services 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							
6	Total. Add lines 1 through 5						\rightarrow	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						_	
8	Public support. (Subtract line 7c from							
500	tion B. Total Support							
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 201	<u></u>	(f) Total
9		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(I) Total
						1	_	
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						\dashv	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)		
	organization, check this box and stop her	e						▶ □
Sec	tion C. Computation of Public S							
15	Public support percentage for 2019 (line 8						15	%
<u>16</u>	Public support percentage from 2018 Sche						16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2019 (I			s, column (f))			17	<u>%</u>
18	Investment income percentage from 2018						18	<u>%</u>
19a	33 1/3% support tests—2019. If the orga							ightharpoons
b	17 is not more than 33 1/3%, check this both 33 1/3% support tests—2018. If the organization	-	•					
D	line 18 is not more than 33 1/3%, check the							▶ □
20	Private foundation. If the organization die		_			-		. \square

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	En		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	100		
	10a		
	10b		
A (F	orm 99	0 or 990-	EZ) 2019

JUDY DWORIN PERFORMANCE PROJECT, INC 22-3064328

Schedu	ile A (Form 990 or 990-EZ) 2019 JUDY DWORIN PERFORMANCE PROJECT, INC 22-306432	<u>8</u>		Page 5
Par	t IV 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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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		
Secti	on 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		
Secti	ion D. All Type III Supporting Organizations			
-	on 217 iii 1960 iii Gapporiiiig Grganiii annii a		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cooti	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıns).		
_		ſ		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Scheal	le A (Form 990 or 990-EZ) 2019 UUDI DWORIN PERFORMANCE PROC		, INC 22-3004.	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	970 (explain in Part VI). Sec	e
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
	a Average monthly value of 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):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
em	ergency 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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	of supported					
3	Administrative expenses paid to accomplish exempt purposes of suppr	orted organizations					
4	Amounts paid to acquire exempt-use assets	orted Organizations					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	ation is responsive					
Ū	(provide details in Part VI). See instructions.	ation is responsive					
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Elife o amount arriada by line o amount	(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
	From 2014						
	From 2015						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Carryover from 2014 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

FORM 990 - ORGANIZATION'S MISSION

JUDY DWORIN PERFORMANCE PROJECT, INC

PRODUCTIVE CHANNELS IN THE PRESENT AND FOR THE FUTURE.

Employer identification number 22-3064328

JUDY DWORIN PERFORMANCE PROJECT (JDPP) IS AN ARTS NON-PROFIT THAT HARNESSES
CREATIVE EXPRESSION AS A CATALYST FOR POSITIVE CHANGE. JDPP USES DANCE
THEATER PERFORMANCE AND MULTI-ARTS ENGAGEMENT TO EXAMINE SOCIAL ISSUES,
BUILD BRIDGES OF UNDERSTANDING ACROSS DIVERSE COMMUNITIES, AND INSPIRE BOTH
INDIVIDUAL GROWTH AND COLLECTIVE ACTION. PARTICIPANTS IN JDPP'S PROGRAMS
DISCOVER UNTAPPED RESOURCES AS THEY GROW AND HEAL, OPENING NEW AND

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR JUDY DWORIN PERFORMANCE

PROJECT, INC. PREPARES THE ANNUAL FORM 990 ON BEHALF OF THE ORGANIZATION.

A COPY OF THE COMPLETED FORM 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR

AND THE GRANTS AND COMMUNICATION MANAGER FOR REVIEW PRIOR TO ITS FILING

WITH THE INTERNAL REVENUE SERVICE ON AN ANNUAL BASIS. THE FINANCE COMMITTEE

APPROVES THE FORM 990 AND THEN PRESENTS IT TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS THAT EXIST BETWEEN

THEM AND THE ORGANIZATION AS THEY ARISE. IN ADDITION, THE BOARD MEMBER

WILL ABSTAIN FROM VOTING ON THE ISSUES OF CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S EXECUTIVE DIRECTOR DOES NOT RECEIVE COMPENSATION FOR HER

SERVICES.

JUDY DWORIN PERFORMANCE PROJECT, INC	22-3064328
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS D THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIA AVAILABLE TO THE PUBLIC THROUGH THE SECRETARY OF ST	AL STATEMENTS ARE
ALSO BE PROVIDED TO ANYONE UPON REQUEST AT THE OFF:	ICE OF THE ORGANIZATION.
·	
	DIGT 1 07 1

Form **990**

Two Year Comparison Report

For calendar year 2019, or tax year beginning

07/01/19 , ending

06/30/20

2018 & 2019

Name

Taxpayer Identification Number

į	JUDY DWORIN PERFORMANCE PROJECT,I	NC		22-	3064328
			2018	2019	Differences
	1. Contributions, gifts, grants	1.	384,968	311,11	3 -73,855
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	21,369	21,06	1 -308
n e	4 Program convice revenue	4.	31,988	41,56	7 9,579
_	5. Investment income	5.	14	14	8 134
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue	11.	1,243		
	12. Total revenue. Add lines 1 through 11	12.	439,582	374,63	9 -64,943
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members				
S	15. Compensation of officers, directors, trustees, etc.	15.			
s	16. Salaries, other compensation, and employee benefits	16.	244,510	248,53	6 4,026
e n	17. Professional fundraising fees	17.			
α	18. Other professional fees	18.	63,575	65,84	2,267
ш	19. Occupancy, rent, utilities, and maintenance	19.	19,098	15,27	2 -3,826
	20. Depreciation and Depletion				
	21. Other expenses	21.	103,454	86,59	
	22. Total expenses. Add lines 13 through 21	22.	430,637	416,24	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	8,945		
	24. Total exempt revenue	24.	439,582	374 , 63	9 -64,943
	25. Total unrelated revenue	25.			
<u>i</u>	26. Total excludable revenue	26.	33,245	42,46	
nat	27. Total assets	27.	261,966	524 , 65	7 262,691
Information	28. Total liabilities	28.	133,685	437,97	
드	29. Retained earnings	29.	128,281	86,67	8 -41,603
iher	30. Number of voting members of governing body	30.	18	14	
δ	31. Number of independent voting members of governing body	31.	16	12	
	32. Number of employees	32.	11	13	
	33. Number of volunteers	33.	22	12	

Form 990 Tax Return History

Name

JUDY DWORIN PERFORMANCE PROJECT, INC

Employer Identification Number 22-3064328

2019

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	350,687	426,076	330,084	406,337	332,174	
Membership dues						
Program service revenue	29,855	20,374	15,093	31,988	41,567	
Capital gain or loss						
nvestment income	11	11	11	14	148	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	6,190	90		1,243	750	
Total revenue		446,551	345,188	439,582	374,639	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	231,077	205,947	220,200	244,510	248,536	
Professional fees	84,997	52,643	71,221	63,575	65,842	
Occupancy costs	8,535	14,608	14,489	19,098	15,272	
Depreciation and depletion						
Other expenses	80,647	133,274	44,037	103,454	86,592	
Total expenses	405,256	406,472	349,947	430,637	416,242	
Excess or (Deficit)	-18,513	40,079	-4,759	8,945	-41,603	
Fotal exempt revenue	386,743	446,551	345,188	439,582	374,639	
Total unrelated revenue						
Total excludable revenue	36,056	20,475	15,104	33,245	42,465	
Total Assets		217,790	252,114	261,966	524,657	
Total Liabilities	85,420	93,695	132,778	133,685	437,979	
Net Fund Balances	84,016	124,095	119,336	128,281	86,678	

22-3064328		Fede	ral Stat	ements			
	<u>Ta</u>	<u>ıxable lı</u>	nterest on	Investme	<u>nts</u>		
Description							
INTEREST INCOME TOTAL	*\$	148 148	Unrelated Business		Postal / Code	Acquired after 6/30/75	US Obs (\$ or %)
	·						

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E>	Total cpenses	Program Service		Management & General		Fund Raising	
CONTRACT SERVICES	<u></u> \$	750	\$		\$	750	\$	
PAYROLL PROCESSING FEES	•	2,523	·		·	2,523	·	
HONORARIUM		1,600				1,600		
TECHNOLOGY CONSULTING		992				992		
EVALUATION		7,000				7,000		
MENTORS/ INTERNS		2,813				2,813		
PERFORMANCE FEES		6,684		6,684				
HONORARIUM		1,879		1,879				
CONTRACT SERVICES		380		380				
NON-PAYROLL TEACHING FEES		4,140		4,140				
PERFORMANCE FEES		2,225		2,225				
PERFORMANCE FEES		1,510		1,510				
GRAPHIC DESIGNER		1,000		1,000				
SPARK GRANT		750		750				
HONORARIUM		160		160				
CONTRACT SERVICES		100		100				
CONTRACT SERVICES - OTHER		1,200		1,200				
NON-PAYROLL TEACHING FEES		1,480		1,480				
NON-PAYROLL PLANNING FEES		95		95				
CONTRACT SERVICES		60		60				
TOTAL	\$	37,341	\$	21,663	\$	15,678	\$	0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management & General		Fund Raising	
SET MATERIALS VIDEO & PHOTOGRAPHY	\$	2,674 2,600	\$	2,674 2,600	\$		\$	
TOTAL	\$	5,274	\$	5,274	\$	0	\$	0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS	\$ 60,269
CONTRIBUTIONS	29,969
JUDY DWORIN AND WILLIAM LAMBERT	
CASH CONTRIBUTION	22,575
EDWARD C. & ANN T. ROBERTS	
CASH CONTRIBUTION	7,500
THE DIEBOLD FOUNDATION	
CASH CONTRIBUTION	12,000
HARTFORD FOUNDATION FOR PUBLIC	
CASH CONTRIBUTION	55,250
GREATER HARTFORD ARTS COUNCIL	
CASH CONTRIBUTION	32,292
DEPARTMENT OF ECONOMIC AND COMMUNITY	
CASH CONTRIBUTION	11,061
COMMON SENSE FUND	
CASH CONTRIBUTION	27,600
COMMUNITY PARTNERS IN ACTION	
CONTRACTUAL SERVICES	
GREATER HARTFORD COMMUNITY	
CASH CONTRIBUTION	8,958
GAWLICKI FAMILY FOUNDATION	
CASH CONTRIBUTION	15,000
THE STEWART B. MCKINNEY FOUNDATION	
CASH CONTRIBUTION	10,000
GENERAL WILLIAM MAYER FOUNDATION	
CASH CONTRIBUTION	11,200
KATHY B. GERSTEN	
CONTRIBUTED SERVICES	8,500
U.S SMALL BUSINESS ADMINISTRATION	10.000
CASH CONTRIBUTION	10,000
DUDLEY & HONORIA DIEBOLD	10.000
CASH CONTRIBUTION	10,000
TOTAL	\$ 332,174

22-3064328 Federal	Statements			
Schedule A, Part II, Line 8(e)				
Description	Amount			
INTEREST INCOME TOTAL	\$ 148 \$ 148			
Schedule A, Part II,	Line 12 - Current year			
Description	Amount			
PERFORMANCE INCOME WORKSHOPS AND RESIDENCIES MISCELLANEOUS INCOME ANNUAL GALA	\$\\\ 37,467\\\ 4,100\\\\ 750\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
TOTAL	\$ 42,317			

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

22-3064328

JUDY DWORIN PERFORMANCE PROJECT, INC

Net Asset / Fund Balance at Begin	ning of Year			128,281		
Revenue						
Contributions	33	32,174				
Program service revenue		1,567				
Investment income		148				
Capital gain / loss						
Fundraising / Gaming:						
Cross rovenus						
Direct expenses						
Net income						
Other income		750				
Total revenue			374,639			
Expenses						
Program services	23	4,048				
Management and general	18	32,194				
Fundraising						
Total expenses			416,242			
Excess / (deficit)				-41,603		
Changes						
				06 680		
Net Asset / Fund B	alance at End of Year		<u> </u>	86,678		
Reconciliation of F			Reconciliation of Exp			
Total revenue per financial statements						
Less:		Less:				
Unrealized gains		Donated services				
Donated services		Prior year adjustments				
Recoveries		Losses				
Other		Other				
Plus:		Plus:				
Investment expenses		Investment ex	rpenses .			
Other		Other		11.5.010		
Total revenue per return	374,639	Total exp	enses per return	416,242		
		Balance Sheet				
	Beginning	Ending	Differences			
Assets	<u> 261,966</u>	524,657				
Liabilities	<u> 133,685</u>	437,979				
Net assets	128,281	86,678	-41,603	3_		
				_		
Miscellaneous Information						
Amended return						
	Return / extended due date	11/16/20				
		<u> </u>				
	Failure to file penalty					