Form **990-EZ**

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax	
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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.

Open to Public Inspection

2020

	artment of t rnal Revenu	the Treasury	Go to www.irs.gov/Form990EZ for instructions and the latest	information.		Inspection
-			r year, or tax year beginning 07-01 , 2020, and endir		06-30	,2021
	Check if ap		C Name of organization	D Em		ication number
	Address ch	nange	INDIGENOUS PERFORMANCE PRODUCTIONS		84-213773	8
	Name chan	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tel	ephone numbe	er
	Initial returr	n				
	Final return	n/terminated	1614 DIVISION ST SW			
$\overline{\Box}$	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exemptior	l
	Application	pending	OLYMPIA, WA 98502	Nu	mber 🕨	
G	Accounti	ing Method:	Cash 🗴 Accrual Other (specify) 🕨	H Check	► X if the	organization is not
L	Website	e: 🕨 www.	INDIGENOUSPERFORMANCE.ORG	require	d to attach Scl	nedule B
J	Tax-exe			527 (Form 9	990, 990-EZ, a	r 990-PF).
			X Corporation Trust Association Other			,
L	Add lines	s 5b, 6c, and 7	/b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i	f total assets		
(Pa	art II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		🕨 \$	138,477
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Pa	
	,	Check if t	he organization used Schedule O to respond to any question in this Pa	rtl		x
	1		s, gifts, grants, and similar amounts received			88,750
	2		vice revenue including government fees and contracts			49,727
Revenue	3		dues and assessments		. 3	•
	4				. 4	
	5a	Gross amour	nt from sale of assets other than inventory			
	b	Less: cost or	other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		. 5c	
	6	Gaming and	fundraising events:			
	a	Gross incom	e from gaming (attach Schedule G if greater than			
		\$15,000) ·				
	b	Gross incom	e from fundraising events (not including \$ of contributio	ons		
		from fundrais	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) 6b			
	c	Less: direct e	expenses from gaming and fundraising events 6c			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c) • •			. 6d	
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less: cost of	goods sold			
	с	Gross profit of	or (loss) from sales of inventory (subtract line 7b from line 7a) \dots		. 7c	
	8	Other revenu	le (describe in Schedule O)		. 8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	138,477
	10	Grants and s	imilar amounts paid (list in Schedule O)		. 10	
	11	•	to or for members			
s	12	Salaries, oth	er compensation, and employee benefits • • • • • • • • • • • • • • • • • • •		. 12	28,704
ses	13		fees and other payments to independent contractors			62,889
per	14		rent, utilities, and maintenance			2,605
Expenses	15		lications, postage, and shipping			
	16	Other expense	ses (describe in Schedule O) • • • • • • • • • • • • • • • • • •		. 16	4,299
	17		ses. Add lines 10 through 16			98,497
	18	Excess or (de	eficit) for the year (subtract line 17 from line 9)		- 18	39,980
sets	19	Net assets of	r fund balances at beginning of year (from line 27, column (A)) (must agree with			
Net Assets		-	igure reported on prior year's return) • • • • • • • • • • • • • • • • • • •			1,168
let ,	20	Other change	- 20			
_	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20 • • • • • • • • • •		▶ 21	41,148
Fo	r Paperw	vork Reductio	on Act Notice, see the separate instructions.			Form 990-EZ (2020)

Form	990-EZ (2020) INDIGENOUS PERFORMANCE PRODUCTIONS		84-2	1377	' 38 Page 2
Pa	IT II Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to respond to any question	on in this Part I		<u></u>	<u></u>
			(A) Beginning of year		(B) End of year
	Cash, savings, and investments		1,168	22	41,148
	Land and buildings		0	23	0
	Other assets (describe in Schedule O)	F	0	24	0
	Total assets		1,168	25	41,148
	Total liabilities (describe in Schedule O)		0	26	0
	Net assets or fund balances (line 27 of column (B) must agree with line 21)		1,168	27	41,148
Pa	Statement of Program Service Accomplishments (see the instruct		·		Expenses
	Check if the organization used Schedule O to respond to any question			(Requ	uired for section
Wha	at is the organization's primary exempt purpose? TO EDUCATE THROUGH INDIGE	ENOUS PERFO	RMING	501(c	c)(3) and 501(c)(4)
	cribe the organization's program service accomplishments for each of its three largest prog			orgar	izations; optional for
	neasured by expenses. In a clear and concise manner, describe the services provided, the	e number of		other	s.)
<u> </u>	ons benefited, and other relevant information for each program title.				1
-	TOUR PRODUCTION PROGRAM: INDIGENOUS PERFORMANCE PRODUCTIO				
-	WORKS ON BEHALF OF NATIVE AND INDIGENOUS PERFORMING ARTIS	STS			
-	TO BOOK AND MANAGE US BASED TOURS OF PERFORMING AND			00-	
-	(Grants \$) If this amount includes foreign grants, c	cneck nere •	•••••	28a	0
29					
-					
-				00-	
-	(Grants \$) If this amount includes foreign grants, c	check here •	•••••	29a	
30					
-					
-	(Cranta ¢	ahaali hara	⊾ □	20-	
-	(Grants \$) If this amount includes foreign grants, c			30a	
	Other program services (describe in Schedule O)		_	24-	
	(Grants \$) If this amount includes foreign grants, c			31a	
	Total program service expenses (add lines 28a through 31a)			32	0
ια	List of Officers, Directors, Trustees, and Key Employees (list each one even Check if the organization used Schedule O to respond to any question in this Pa				· · ·
				<u></u>	<u></u>
	(b) Average	c) Reportable compensation	 (d) Health benefits, contributions to employed 	e (4	e) Estimated amount of
		rms W-2/1099-MISC)	benefit plans, and		other compensation
AND	PRE BOUCHARD	not paid, enter -0-)	deferred compensation	+	
	SIDENT 0.00	0	0		0
-	PHEN BLANCHETT	0	0	-	0
	ASURER 0.00	0	0		0
-	IEE PENOI	0	0	-	0
	CRETARY 0.00	0	0		0
-	ILEY LOGAN	0	0		0
	ECTOR 0.00	0	0		0
-	OK SMILEY	0	0	-	0
	ECTOR 0.00	0	0		0
	DRGE WARREN DELESSLIN	0	0	-	0
	ECTOR 0.00	0	0		0
DIK		0	0		0
				+	
				+	
				+	
				+	
				+	
				+	

	90-EZ (2020) INDIGENOUS PERFORMANCE PRODUCTIONS 84-2137	738	F	Page 3
Pa				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	••		
55 a		250		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 U	section 4911 section 4912 ; section 4912 ; section 4912 ; section 4912 ; section 4955			
h	Section 4912 P, section 4912 P, section 4900 P, se			
D				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ANDRE BOUCHARD Telephone no. 503-8	47-1	366	
	Located at > 1614 DIVISION ST SW, OLYMPIA, WA ZIP + 4 > 98502			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
-	Financial Accounts (FBAR).	40-		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			Г
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	•••	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
с	Did the organization receive any payments for indoor tanning services during the year?	44c		х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
5	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		v
		1-100		Х

Form 9	990-EZ (202	0) INDIGENOUS PERFO	RMANCE PRODUCTIO	NS		84-213	7738	F	age 4
								Yes	No
46		organization engage, directly or indirectly, in							
Der		dates for public office? If "Yes," complete So					46		х
Par		Section 501(c)(3) Organizations		ana 17 10h and EC) and com	anlata tha tab	las far	linee	
		All section 501(c)(3) organizations 50 and 51.	must answer questi	5hs 47 - 49b and 52	z, and con	inplete the tab	les ior	ines	
		Check if the organization used Sch	edule Ω to respond	to any question in t	his Part V	4			
		check if the organization used och			ins i ait v	1		Yes	· 🔄 No
47	Did the	organization engage in lobbying activities or	have a section 501(h) alo	ction in offect during the t	av			Tes	NO
4/		"Yes," complete Schedule C, Part II	. ,	-			47		v
48	-	rganization a school as described in section					48		x x
49a		organization make any transfers to an exemp					49a		x
b		was the related organization a section 527 c		-			49b		^
50		te this table for the organization's five highes	-				400		
		ees) who each received more than \$100,000							
	ompioye				(d) Health				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee (e) Estimate		
			devoted to position	(Forms W-2/1099-MISC)		and deferred	other cor	npensat	ion
NON	E								
f		mber of other employees paid over \$100,000			-				
51		te this table for the organization's five highes			received mo	ore than			
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e." I					
	(a)	Name and business address of each independent contract	ctor	(b) Type of service	e	(c) C	ompensatio	n	
NON									
NON	<u> </u>								
						1			
d	Total nu	mber of other independent contractors each	receiving over \$100,000						
52	Did the	organization complete Schedule A? Note: Al	l section 501(c)(3) organiz	zations must attach a					
	complet	ed Schedule A				🕨	X Yes		No
Unde	r penalties	of perjury, I declare that I have examined this retur	n, including accompanying s	chedules and statements, ar	d to the best	of my knowledge ar	nd belief, it	is	
true, o	correct, and	d complete. Declaration of preparer (other than off	icer) is based on all informati	on of which preparer has an	y knowledge.				
		ANDRE BOUCHARD							
Sig		Signature of officer			Date				
Her	e	ANDRE BOUCHARD, PRESIDENT							
		Type or print name and title		i	•				
. .		Print/Type preparer's name	Preparer's signature	Date			PTIN		
Paie		Cynthia Knapp		11-24-20	21	self-employed	008937	50	
	parer	Firm's name Precisely Right	Accounting		Firm's I	EIN 🕨			
Use	Only	Firm's address 🕨 8613 Martin Way							
		Olympia WA 98516			Phone				
May	the IRS d	liscuss this return with the preparer shown at	ove? See instructions			· · · · · ►	X Yes		No
EEA							Form 99	0-EZ (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Ireasury Internal Revenue Service ► Go to www.irs.gov/Form Name of the organization End of the organization INDIGENOUS PERFORMANCE PRODUCTIONS Part I Reason for Public Charity Status. (All orgonalization) The organization is not a private foundation because it is: (For lines 1 1 A church, convention of churches, or association of church 2 A school described in section 170(b)(1)(A)(ii). (Attach Sch 3 A hospital or a cooperative hospital service organization de 4 A medical research organization operated in conjunction we hospital's name, city, and state: 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normaly receives a substantial p	ganizations must or ganizations must or through 12, check only hes described in section hedule E (Form 990 or 99 escribed in section 170 with a hospital described described in section 170 of its support from a gove Complete Part II.) 170(b)(1)(A)(ix) operated	990-EZ. nd the late omplete one box.) 170(b)(1)(90-EZ).) (b)(1)(A)(iii in section ed by a gov 0(b)(1)(A)(i	est information this part A)(i).). 170(b)(1)(vernmenta v).	ation. Employer identificat 84-213773 .) See instructions A)(iii). Enter the	38
Department of the Ireasury Internal Revenue Service ► Go to www.irs.gov/Form Name of the organization End of the organization INDIGENOUS PERFORMANCE PRODUCTIONS Part I Reason for Public Charity Status. (All orgonalization) The organization is not a private foundation because it is: (For lines 1 1 A church, convention of churches, or association of church 2 A school described in section 170(b)(1)(A)(ii). (Attach Sch 3 A hospital or a cooperative hospital service organization de 4 A medical research organization operated in conjunction we hospital's name, city, and state: 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normally receives a substantial part or a contraction that normaly receives a substantial p	m990 for instructions an ganizations must co 1 through 12, check only nes described in section nedule E (Form 990 or 99 escribed in section 170(with a hospital described iversity owned or operate described in section 170 of its support from a gove Complete Part II.) of 170(b)(1)(A)(ix) operate	nd the late	this part A)(i).). 170(b)(1)(/ernmenta v).	Employer identificat 84-213773 .) See instructions A)(iii). Enter the	Inspection ion number
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 3 A hospital or a cooperative hospital service organization de 4 A medical research organization operated in conjunction we hospital's name, city, and state: 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normal part	escribed in section 170(with a hospital described iversity owned or operate described in section 17 0 of its support from a gove Complete Part II.)	(b)(1)(A)(iii in section ed by a gov 0(b)(1)(A)(ernmental u	170(b)(1)(vernmenta v) .	l unit described in	
 4 A medical research organization operated in conjunction we hospital's name, city, and state: 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normal part of An organ	vith a hospital described iversity owned or operate described in section 17 of its support from a gove Complete Part II.) of 170(b)(1)(A)(ix) operate	in section ed by a gov 0(b)(1)(A)(ernmental u	170(b)(1)(vernmenta v) .	l unit described in	
 hospital's name, city, and state: 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normally receives a substantial part of An organization that normal part	iversity owned or operate described in section 17 0 of its support from a gove Complete Part II.) o 170(b)(1)(A)(ix) operate	ed by a gov 0(b)(1)(A)(v ernmental u	vernmenta v).	l unit described in	
 5 An organization operated for the benefit of a college or uni section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit of An organization that normally receives a substantial part of An organization. 	described in section 17 0 of its support from a gove Complete Part II.) 1 70(b)(1)(A)(ix) operate	0(b)(1)(A)(ernmental u	v).		
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit An organization that normally receives a substantial part or 	described in section 17 0 of its support from a gove Complete Part II.) 1 70(b)(1)(A)(ix) operate	0(b)(1)(A)(ernmental u	v).		
 6 A federal, state, or local government or governmental unit 7 An organization that normally receives a substantial part of 	of its support from a gove Complete Part II.) • 170(b)(1)(A)(ix) operate	ernmental u		the general public	
7 An organization that normally receives a substantial part of	of its support from a gove Complete Part II.) • 170(b)(1)(A)(ix) operate	ernmental u		the general public	
	Complete Part II.) 170(b)(1)(A)(ix) operate				
described in section 17(IVDV1VAVVi) (Complete Part II)	170(b)(1)(A)(ix) operate			the general public	
 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 	170(b)(1)(A)(ix) operate				
 9 An agricultural research organization described in section 		יייימסס חו הב	nction with	a land-grant collego	
	e instructions). Enter the	•		• •	
or university or a non-land-grant college of agriculture (see		name, city	, and state	or the college of	
university:	/3% of its support from a	contribution	ne membre	rehin fees and gross	
receipts from activities related to its exempt functions - sub					
support from gross investment income and unrelated busin		. ,			
acquired by the organization after June 30, 1975. See sec			,	in pusitesses	
		,			
 An organization organized and operated exclusively to test An organization organized and operated exclusively for the 				parry out the purpage	
				• • •	,
of one or more publicly supported organizations described) a
Check the box in lines 12a through 12d that describes the					<u>2</u> g.
a Type I. A supporting organization operated, supervised	• •			,	
the supported organization(s) the power to regularly a		or the aire	ectors or tru	ustees of the	
supporting organization. You must complete Part IV,					
b Type II. A supporting organization supervised or control		••	0		
control or management of the supporting organization		sons that co	ontrol of m	anage the supported	
organization(s). You must complete Part IV, Section					
c Type III functionally integrated. A supporting organiz					
its supported organization(s) (see instructions). You m	-				,
d Type III non-functionally integrated. A supporting or					,
that is not functionally integrated. The organization get	, ,		•	and an attentiveness	
requirement (see instructions). You must complete P					
e Check this box if the organization received a written de			атурет, Г	уре II, туре III	
functionally integrated, or Type III non-functionally inte					
					· · · · ·
g Provide the following information about the supported orga					
(i) Name of supported organization (ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or listed in your	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
	above (see instructions))	docum		instructions)	instructions)
		Yes	No		
A)					
В)					
(C)					
(D)					

(E) Total

-			ICE PRODUCT			84-213773	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th						ly under
_	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	ction A. Public Support	() 00 (0	<u> </u>	() 00 (0			
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") Tax revenues levied for the						
2							
	organization's benefit and either paid to						
2	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
4	organization without charge						
_	Total. Add lines 1 through 3 The portion of total contributions by						
5							
	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)						
	Public support. Subtract line 5 from line 4 ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(0) 2010	(u) 2019	(e) 2020	
-							
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s		•				
13	First five years. If the Form 990 is for the or						
_	organization, check this box and stop here	<u></u>					· · · · ► 🗌
	ction C. Computation of Public Suppo					1	
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualifie						_
b	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.						IS
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the facts			-		• • • •	
	organization						
k	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factor			-			
	organization						· · · · ► 🗌
18	Private foundation. If the organization did n						_
	instructions						> []

Pa	Support Schedule for Organiz						
	(Complete only if you checked the second sec			•			er Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part II	.)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				4,375	8,875	13,250
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				7,101	49,727	56,828
3	Gross receipts from activities that are not an				.,101		00/020
•	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						
5							
	furnished by a governmental unit to the						
~							
	Total. Add lines 1 through 5				11,476	58,602	70,078
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	<u> </u>					
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
							70,078
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	<u> </u>			11,476	58,602	70,078
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •••	<u> </u>					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)	0		0	11,476	58,602	70,078
14	First 5 years. If the Form 990 is for the organ	nization's first,	second, third,	fourth, or fifth t	tax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						🕨 🗴
Se	ction C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2020 (line 8, c	olumn (f), divid	ded by line 13,	column (f)) .		15	%
16	Public support percentage from 2019 Sched	ule A, Part III,	line 15			16	%
Se	ction D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2020 (line	10c, column ((f), divided by li	ine 13, column	(f))	17	%
18	Investment income percentage from 2019 Sc	hedule A, Par	t III, line 17 .			18	%
19a	a 33 1/3% support tests - 2020. If the organiz	ation did not c	heck the box c	on line 14, and	line 15 is more t	han 33 1/3%, ai	nd line
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	ation qualifies a	is a publicly sup	ported organiza	tion 🕨 🗌
b	33 1/3% support tests - 2019. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 33	3 1/3%, and
	line 18 is not more than 33 1/3%, check this I	box and stop I	here. The orga	nization qualifi	es as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization did n	ot check a box	k on line 14, 19	a, or 19b, cheo	ck this box and s	see instructions	· · · 🕨 🗌

INDIGENOUS PERFORMANCE PRODUCTIONS

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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	e A (Form 990 or 990-EZ) 2020 INDIGENOUS PERFORMANCE PRODUCTIONS 84-213773	8	Р	age 4
Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			•
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete I	Part V	<u>'.)</u>	
Sect	ion 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
с	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? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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		
EEA	Schedule A (F		or 990.⊏	7) 2020
				_, _0_0

Schedule A (Form 990 or 990-EZ) 2020 INDIGENOUS PERFORMANCE PRODUCTIONS 84-2137738 Page 5 Part IV Supporting Organizations (continued) Yes No **11** Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported 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 Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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).

Section 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			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		<u> </u>
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes

No

1

hedule A (Form 990 or 990-EZ) 2020 INDIGENOUS PERFORMANCE PRODUCTIONS		84-213	87738 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O 1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			-
			(B) Current Yea
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
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 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integra	ited Type III supporting	organization
(see instructions).	. 2	••••••	-

EEA

Schedule A (Form 990 or 990-EZ) 2020

-	ILE A (Form 990 or 990-EZ) 2020 INDIGENOUS PERFORMANCE PR				7738 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued	<i>(</i>)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt 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	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide 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 respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
v	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
1	Excess distributions carryover to 2021 . Add lines 3j and 4c.				
	Breakdown of line 7:				
8	Eveness from 2010				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Schee	dule A (Form 990 or 990-EZ) 2020

	n 990 or 990-EZ) 2020 Pag
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.)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

INDIGENOUS PERFORMANCE PRODUCTIONS

84-2137738

DESCRIPTION	AMOUNT
ADVERTISING & MARKETING	1,074
BANK CHARGES	27
JOB SUPPLIES	
MISC	
DUES & SUBSCRIPTIONS	
OFFICE SUPPLIES	
TRAVEL	
TAXES & LICENSES	

Form	8868
(Rev. Ja	nuary 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	INDIGENOUS PERFORMANCE PRODUCTIONS	84-2137738
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	1614 DIVISION ST SW	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	OLYMPIA WA 98502	

Enter the Return Code for the return that this application is for (file a separate application for each return)	1	1
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Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ANDRE BOUCHARD, 1614 DIVISION ST SW OLYMPIA WA 98502

Telephone No. ► 503-847-1866 FAX No. ►		_
If the organization does not have an office or place of business in the United States, check this box		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is	
for the whole group, check this box 🛛	ch	
a list with the names and TINs of all members the extension is for.		
1 I request an automatic 6-month extension of time until05-16 , 20 22 , to file the exempt organization re	turn fo	r
the organization named above. The extension is for the organization's return for:		
► ☐ calendar year 20 or		
► X tax year beginning 07-01 , 20 20 , and ending 06-30	2	0.21
	, 2	<u>21</u> .
2 If the tax year entered in line 1 is for less than 12 months, check reason:		
Change in accounting period		
	1	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	8879-Е	O for payment
instructions.		
For Privacy Act and Paperwork Reduction Act Notice, see instructions.		

EEA