KITSAP COUNTY LODGING TAX FUNDING AWARD APPLICATION

Application Deadline: August 30, 2024 @ 2:00 pm

Project Title: Admiral Theatre 2025 Season Advertising Project Dates: Beginning: 1/1/2025 12/31/25 Ending: Name of Organization: Admiral Theatre Foundation Web Site: admiraltheatre.org Mailing Address: Admiral Theatre, 515 Pacific Avenue, Bremerton, WA 98337 Contact Person: Nate Murphy E-Mail: nate@admiraltheatre.org Phone: 360-932-3061 Amount Requested: \$170,000 Total Project Cost: \$2,500,000 Portion of Total Project Cost Requested: 6.8(%)

Signature of Authorized Representative_

Indicate the Project Type:

- X Tourism marketing;
- X Marketing and operations of special events and festivals designed to attract tourists;
- X Operations and capital expenditures of tourism-related facilities owned or operated by a municipality or a public facilities district; or
- X Operations of tourism-related facilities owned or operated by nonprofit 501(c)(3) and 501(c)(6) organizations.

NOTE: Applicants must refer to the Kitsap County Lodging Tax Funding Award Process Instructions for complete details of requirements.

Applicants Must Submit The Following:

- X Application Funding Cover Sheet signed by an Authorized Representative
- X Project Description
- X Scope of Work
- X Project Timeline
- X Project Budget
- X Project/Organizational History
- X Business Qualification
- X Tax Information
- X Certificates of Insurance

If these basic criteria are not met, the application will not be considered by the Lodging Tax Committee.

Applications must be submitted in one combined PDF document and emailed to <u>purchasing@kitsap.gov</u>. Hardcopies will not be accepted.

Questions? Contact Glen McNeill at (360) 337-4789 or Kitsap County Administrative Services 614 Division St., MS-7 Port Orchard, WA 98366



Dear Lodging Tax Advisory Committee & Kitsap County Commissioners,

Thank you for your time and effort to help fund tourism marketing throughout Kitsap County. The Admiral Theatre Foundation has invested more than \$725,000 to schedule an incredible roster of world-class artists and community events coming to Kitsap County throughout 2025. We attract tourists year-round, and with your help, we can fully capitalize on this investment and opportunity to attract eager tourists and concert-goers to Kitsap County.

Previous & Ongoing Demonstrated Success Creating Tourism:

Thanks to your committee's generous 2022-2024 lodging tax awards, the Admiral Theatre has successfully expanded our tourism marketing infrastructure, attracting more than 50,000 patrons annually to Kitsap County's largest concert venue and performing arts center. Your awards proved vital to our ability to fund key advertising and media partnerships which attract tourists – resulting in 92 sold out performances from GRAMMY-winning, multi-platinum artists including The Drifters, Platters and Coasters, Melissa Etheridge, Judy Collins, Glenn Miller Orchestra, The Righteous Brothers, Billy Bob Thornton, The Temptations, The Robert Cray Band, Lyle Lovett, Jefferson Starship, Booker T. Jones, Blind Boys of Alabama, Amy Grant, The Guess Who, Jim Messina, and many more.

Description of Proposed Project:

We would like to extend and expand our advertising and media relationships in 2025 – including renewing annual agreements with Audacy Radio (100.7 FM The Wolf, 107.7 FM The End, 99.9 FM KISW), Cascade PBS (KCTS-9), KING-5 TV (NBC affiliate), KOMO-4 TV & Seattle Refined (ABC affiliate), The Seattle Times, KUOW 94.9 FM (NPR affiliate), Seattle Magazine, Seattle Met, KNKX 88.5 FM (NPR affiliate), Sound Publishing, The Stranger, and others to reach the maximum number of tourists.

With your support, we can leverage a combination of lodging tax, theatre sponsorships and intheatre advertising to ensure the maximum return on your investment. For instance, our annual partnership with Cascade PBS (KCTS-9) provides a minimum of \$58,000 in advertising for a \$25,000 cost (\$33,000 minimum of in-kind / free advertising, and most years we get more than this minimum by negotiating throughout the calendar year). As a 501c3 nonprofit arts organization, we take our fiscal responsibility seriously and we negotiate to ensure maximum return on your investment.

For 2025, we humbly request \$170,000 to help fully realize these plans, increase our marketing reach outside of Kitsap County, and generate the maximum number of overnight stays. The Admiral Theatre has invested more than \$725k in our 2025 artist roster, including world-class artists appealing to diverse audiences such as Saturday Night Live Alum Comedian Kevin Nealon (Jan. 17), New York's Jazz at Lincoln Center (Jan. 25), Whose Live Anyway? Improv comedy (Jan. 31 & Feb. 1), Black Opry – nationally-touring collective of Black Country, Blues, Folk, and

Americana artists (Feb. 7), GRAMMY Award-winning New Orleans artists Dirty Dozen Brass Band (Feb. 28), Multi-Platinum Blues Artist Colin James (March 7), Multi-Platinum Country Artist Ty Herndon (March 14), Broadway Superstar Performers 'The Barricade Boys' (April 11), Netflix 'Our Planet Live' National Tour on Earth Day (April 22), and Internationally-renowned Folk Trio 'The Wailin' Jennys' (May 31).

The booking season for nationally-touring acts begins in January, so this agreement will also include artists visiting the Admiral Theatre in summer, fall, and winter 2025. The requested budget will give us the leverage to successfully negotiate advertising agreements with our broadcast, print, and online partners, increasing tourism into Kitsap and maximizing the economic benefit to community partners - including local restaurants and bars, hotels, and other local attractions.

Key performance indicators include web traffic, ticket sales, ticket promotional code use, social media engagement, in-kind and earned media, search and analytics data, email database growth, and patron survey data.

Future sustainability will depend on our ability to continue attracting more tourists, expanding advertising and marketing partnerships, and ultimately to sell more tickets, boost operating revenue and continue to attract the best world-class artists and touring shows.

In addition to our annual presented season of shows, we have also formed a new partnership with the Kitsap Fair and Stampede Association to host the 3-day 'Kitsap Blues Music Festival' at the Kitsap Fairgrounds over Labor Day weekend (August 30 – September 1, 2024). This new festival presents 20 incredible nationally touring and headlining artists playing a mix of rhythm and blues, americana, roots, rock and more. While we are not asking for any operational expenses for the festival, we are requesting advertising budget support for our entire year of planned activity including next year's blues fest in late summer 2025. As with our previous requests, we are investing the bulk of the budget for annual activities. We are simply asking for annual advertising support to help bring these plans to fruition and reach tourists.

History of Organization / Event:

Bremerton's Admiral Theatre first opened its doors on May 7, 1942, five months to the day after the Japanese attack on Pearl Harbor. This storied art deco movie palace and historical landmark served Kitsap audiences until 1989 when urban blight and disrepair closed its doors. That same year Kitsap civic leaders such as A.H. Ike Parker, Chuck and Joanne Haselwood, Jerry Reid, Tim Ryan, Norm Dicks (Former Congressman, Washington's 6th District, 1977-2013), and many others formulated plans to save the Admiral Theatre. These leaders raised more than \$4.2 million over the following eight years, reopening the Admiral Theatre in 1997. Since then, the Admiral Theatre Foundation, a 501c3 nonprofit arts organization, has raised and invested more than \$10.5 million back into this historical treasure and cultural landmark.

The theatre underwent another \$1.2 million in improvements in time for its 75th anniversary in 2017. For more than 27 years now, the Admiral Theatre Foundation has operated, maintained and improved the facility for the enjoyment of Northwest audiences.

The Admiral Theatre is now the largest performing arts center in Kitsap County and one of the Northwest's premier live entertainment and events venues.

The Admiral Theatre has a long and successful track record of attracting tens of thousands of patrons and tourists annually to more than 110 diverse performances and community events. In our most recently completed full season, we estimate 13,750 total room nights generated, and we tracked ticket sales from 552 zip codes nationally with patrons coming from as far away as California, Oregon, Montana, Hawaii, Colorado, Canada and more.

Scope of Work:

Once we receive any award notification, our process will be as follows:

- Negotiate extended deals and in-kind budget multipliers based on available budget
- Produce advertising and marketing content based on available budget
- Submit content to agents and artist management for approval
- Schedule and track advertising campaigns
- Replay content via in-house and partner channels such as VKP, Great Kitsap Chamber, Kitsap Sun, Sound Publishing, and others
- File reimbursement reports with County (2024 reports in process now)

Project Timeline:

Once we receive any award notification, our process will be as follows:

- Negotiate partner deals and produce content for first spots immediately (Dec / Jan)
- Submit long-lead advertising within 3-6 months of performances
- Submit short-lead advertising within 3-6 weeks of performances



Admiral Theatre Advertising Budget:

*Admiral Theatre Foundation (501c3) negotiates all in-kind advertising and service donations. If our project is fully funded at \$170,000, we will leverage the cash to generate another \$212,801 in free (in-kind) advertising to further our tourism efforts.

For cash flow, we would prefer to have a minimum of 1/12 the award amount available for reimbursement per month. For annual agreements, it's nice to have budget access as of January, but we can push some billing off 30-60 days if needed.

For salaries, we would like the option to submit reimbursement for up to \$10k of marketing staff salaries since we are a tourism related facility and perform all design work in-house.

Project Advertising:

TV (on-air / online) - \$50,000 (\$83,000 in-kind)

- Cascade PBS (KCTS-9 Seattle) \$25,000 (\$33,000 in-kind)
- KING-5 TV (Seattle NBC affiliate) \$12,500 (\$25,000 in-kind)
- KOMO-4 TV & Seattle Refined (ABC affiliate) \$12,500 (\$25,000 in-kind)

Radio (on-air / online) - \$27,500 (\$50,000 in-kind)

- Audacy Radio (100.7 FM, 107.7 FM, 99.9 FM) \$10,000 (\$15,000 in-kind)
- KUOW 94.9 FM (Seattle NPR affiliate) \$10,000 (\$25,000 in-kind)
- KNKX 88.5 FM (Tacoma NPR affiliate) \$7,500 (\$10,000 in-kind)

Print (print / online) - \$56,000 (\$62,801 in-kind)

- Sound Publishing \$22,000 (\$14,801 in-kind)
- The Seattle Times \$10,000 (\$25,000 in-kind)
- Seattle Magazine \$8,000 (\$10,000 in-kind)
- Seattle Met \$8,000 (\$10,000 in-kind)
- The Stranger \$8,000 (\$3,000 in-kind)

Facebook / Instagram (targeted photo / video ads) - \$13,000

Washington State Ferries (rack cards, digital and poster advertising) - \$4,800

Washington State Highway Tourism Signs* - \$700

(*Admiral Theatre is recognized as a Washington State Tourism Attraction)

Project Expenses:

Eric Morgensen Photography - \$8,000 (\$17,000 in-kind)

Marketing Staff - \$10,000 to help cover time for one full-time employee and one part-time employee.

Total Project Budget Requested: \$170,000 (\$212,801 in-kind*) *Our requested project budget is 6.8% of our annual budget.

Budget Notes:

The Admiral Theatre Foundation has invested \$725,000 to schedule an incredible roster of world-class artists in 2025, as part of our \$2.5 million-dollar annual operating budget. We plan to spend another \$80k on advertising and marketing expenses and generate another \$18k of inkind free advertising within Kitsap County in 2025. Activities will include print advertising with Sound Publishing and the Kitsap Sun, full and mid-season brochures, mailings, posters, rack cards, flyers, social advertising, website and design tools, and promotional merchandise. In order to generate the best return on investment, we re-evaluate and select annual advertising partners on a variety of factors including costs, reach and in-kind commitment.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form	33	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce			2021				
Departm	nent of	the Treasury	► Do not enter social security numbers on this form as it may be		iations)	Open to Public				
		ue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection				
A Fo	or the	2021 calend	ar year, or tax year beginning 09-01, 2021, an	d ending	08-	31 , 20 22				
B Ch	neck if a	pplicable:	C Name of organization ADMIRAL THEATRE FOUNDATION		D Employ	er identification number				
Ad	dress o	hange	Doing business as			91-1478193				
Na	ime cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number				
Init	tial retu	rn	515 PACIFIC AVENUE			(360)373-6810				
Fir	nal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts				
An	nended	return	BREMERTON, WA 98337		\$	2,327,762				
Ар	plicatio	n pending	F Name and address of principal officer: BRIAN JOHNSON	H(a) Is this a	group return for	subordinates? Yes X No				
			SAME AS C ABOVE	H(b) Are all	subordinates	included? Yes No				
I Ta	x-exem	pt status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No,"	attach a list.	See instructions				
J We	ebsite:		.ADMIRALTHEATRE.ORG	H(c) Group	exemption nu	mber 🕨				
K Fo	rm of o	rganization: X		: 1990 M	State of legal	domicile: WA				
Part		Summar								
	1	Briefly descr	be the organization's mission or most significant activities: RENOVATION , O	PERATION, A	ND MAI	NTENANCE OF THE				
		ADMIRAL	· · · · · · · · · · · · · · · · · · ·							
e										
าลท										
/eri	2	Check this bo	by	5% of its net asse	te					
60	 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)									
<u>م</u>	-	20								
ies	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5									
Activities & Governance	6		r of volunteers (estimate if necessary)			<u> </u>				
Ac			ed business revenue from Part VIII, column (C), line 12							
						74,563				
	U	Net unrelate	d business taxable income from Form 990-T, Part I, line 11							
	8	Contributions	and grants (Dart)/III line 1b)	Prior Year		Current Year				
Ø	9		and grants (Part VIII, line 1h)	1,060		1,274,790				
Revenue	-	-			9,937	896,396				
eve	10		Income (Part VIII, column (A), lines 3, 4, and 7d) Income (A) Income (Part VIII, column (A), lines 5, 6d, 9a, 0a, 40a, and 44a) Income (A)		9,252	3,348				
R	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,960	131,894				
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,162	4,696	2,306,428				
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			0				
	14	•	I to or for members (Part IX, column (A), line 4)			0				
ŝ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	37	5,038	763,157				
Expense			fundraising fees (Part IX, column (A), line 11e)			0				
pel			sing expenses (Part IX, column (D), line 25) 109,987							
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,691	1,067,435 1,830,592				
	18	•	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
	19	Revenue les	s expenses. Subtract line 18 from line 12	303	L,967	475,836				
or ces				Beginning of Curr	ent Year	End of Year				
Net Assets or Fund Balances	20		(Part X, line 16)	6,183	L,856	6,324,655				
Ast	21		es (Part X, line 26)	1,000),974	678,853				
	22		r fund balances. Subtract line 21 from line 20	5,180	0,882	5,645,802				
Part	t II	Signatu	re Block							
			are that I have examined this return, including accompanying schedules and statements, and to the best of	my knowledge and be	lief, it is					
true, co	orrect, a	and complete. Dec	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
			N TOUNGON			07 15 0000				

	DKIAN UUMBU						07-13-2023	,
Sign	Signature of officer					Da	ite	
Here	BRIAN JOHNSO	N, EXECUI	IVE DIRECTOR					
	Type or print name and ti	tle						
	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN	
Paid	CLARKE WHITNEY,	CPA	CLARKE WHITNEY, CPA	07-11-2023		self-employed	P00447598	
Preparer	Firm's name	CLARKE W	HITNEY, CPA, INC.		Firm's	EIN 🕨		
Use Only	Firm's address	610 WARF	REN AVE		Phone	no.		
		BREMERTO	N WA 98337			360-	792-1040	
May the IRS	discuss this return with th	ne preparer sh	nown above? See instructions .	 			X Yes	No

Form	n 990 (2021) ADMIRAL THEATRE FOUNDATION	91-1478193	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	RENOVATION, OPERATION, AND MAINTENANCE OF THE ADMIRAL THEATRE		
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 🏼	<u>x</u> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	🗌 Yes 🛛	x No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$1,221,294 including grants of \$) (Revenue		/
	PRODUCTION OF THEATRICAL PERFORMANCES FOR KITSAP COMMUNITY TO COME TOGETHER	FOR ENTERTAI	NMENT AND
	APPRECIATION OF THE PERFORMING ARTS		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		Ψ	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,221,294		
		Гани	000 (2021)

	990 (2021) ADMIRAL THEATRE FOUNDATION 91-14781	93	Р	age 3						
Pa	rt IV Checklist of Required Schedules									
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"									
	complete Schedule A	1	Х	<u> </u>						
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to									
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)									
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_								
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors									
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x						
_	"Yes," complete Schedule D, Part I									
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"									
	complete Schedule D, Part III	8		x						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a									
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_								
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X						
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	<u> </u>						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,									
	VII, VIII, IX, or X as applicable.									
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"									
	complete Schedule D, Part VI	11a	х	<u> </u>						
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more									
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х							
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more									
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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						
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	<u> </u>						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses									
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
	Schedule D, Parts XI and XII	12a		X						
b	5	401								
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,									
	fundraising, business, investment, and program service activities outside the United States, or aggregate	444								
15	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	15		v						
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v						
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		x						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v						
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x						
10		10		v						
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v						
20 -	If "Yes," complete Schedule G, Part III.	19 202		X						
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x						
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12 if "Ves." complete Schedule I. Parts I and II.	24		v						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X						

	990 (2021) ADMIRAL THEATRE FOUNDATION 91-1478	193	F	age 4					
Pa	rt IV Checklist of Required Schedules (continued)								
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated	. 23							
	employees? If "Yes," complete Schedule J.								
24a									
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	. 24a		x					
	through 24d and complete Schedule K. If "No," go to line 25a								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b							
С									
	to defease any tax-exempt bonds?								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.I	. <u>25</u> a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.5%							
20	If "Yes," complete Schedule L, Part I	. 25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26							
07	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part.II.</i>	. 26		x					
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee								
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these								
	persons? If "Yes," complete Schedule L, Part III	. 27		x					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,								
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
a	"Yes," complete Schedule L, Part IV.	. 28a		x					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x					
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			A					
Ũ	"Yes," complete Schedule L, Part IV.	. 28c		x					
29	Yes, complete Schedule L, Part IV								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29		X					
	conservation contributions? If "Yes," complete Schedule M.	. 30		x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	complete Schedule N, Part II	. 32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,								
	or IV, and Part V, line 1	. 34		x					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a								
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and								
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х						
Par				_					
	Check if Schedule O contains a response or note to any line in this Part V		1	\square					
			Yes	No					
1a		2							
b		2							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
	reportable gaming (gambling) winnings to prize winners?	. 1c		Ĺ					

	990 (2021) ADMIRAL THEATRE FOUNDATION 91-14783	.93	F	Page 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	· · · · ·						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country			X						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c								
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	00								
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
a	and services provided to the payor?	7a		x						
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10								
С	required to file Form 8282?	7c		v						
d		10		X						
d		7e		v						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x x						
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		x						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11								
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the	8								
9	Sponsoring organizations maintaining donor advised funds.	0								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
ь 10	Section 501(c)(7) organizations. Enter:	30								
	Initiation fees and capital contributions included on Part VIII, line 12									
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11		-								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
a h		-								
b	Gross income from other sources (Do not net amounts due or paid to other sources									
100	against amounts due or received from them.)	400								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-	the organization is licensed to issue qualified health plans	-								
C	Enter the amount of reserves on hand	4.4-								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x						
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45								
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Forr	n 990 (2021) ADMIRAL THEATRE FOUNDATION 91-147	8193	F	Page 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and a	or a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management		-	1
			Yes	No
1a		0		
	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		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization become aware during the year of a significant diversion of the organization's assets			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			•
74	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	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			X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
42	describe in Schedule O how this was done.			
13 14	Did the organization have a written whistleblower policy?			X
14 15	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
a b	Other officers or key employees of the organization		1	X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. 16a		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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CARL CRAMER (360)373-6810, 515 PACIFIC AVENUE, BREMERTON, WA 98337			

Form 990 (20	21) ADMIRAL THEATRE FOUNDATION	91-1478193	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employe	es, 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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.	within the	
List all	of the examination's everent off icers, directors, tructors (whether individuals or examinations), reportions	a of amount of	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

\$100,000 from the organization and any related organizations.

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

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

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

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

	tou organizat							enneen, an eeter, er		
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or	Ins	Q	Ke	em	Fo	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for related	direc	stitut	Officer	y en	ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	/ee				
	below	ruste	ftrus		/ee	nper				
	dotted line)	õ	tee			Highest compensated employee				
						đ				
(1) BRIAN JOHNSON	40.00									
EXECUTIVE DIRECTOR				x				118,053	0	0
(2) KEVIN_CURE	1.00									
SECRETARY		х						0	0	0
(3) DEBRA_KEENE_BERGERON	1.00									
VICE PRESIDENT		х						0	0	0
(4) STEVE POLITAKIS	1.00									
DIRECTOR		х						0	0	0
(5) PAM BATTIN	1.00									
VICE PRESIDENT		х						0	0	0
(6) BRIAN_BUSKIRK	1.00									
DIRECTOR		х						0	0	0
(7) KATE_WILSON	1.00									
DIRECTOR		х						0	0	0
(8) BRUCE YODER, DDS	1.00									
DIRECTOR		х						0	0	0
(9) WILL MAUPIN	1.00									
DIRECTOR		х						0	0	0
(10) DAVID_NELSON	1.00									
DIRECTOR		х						0	0	0
(11) JANICE KRIEGER	1.00									
DIRECTOR		х						0	0	0
(12)DEBBIE HILL JR.	1.00									
DIRECTOR		х						0	0	0
(13)TIM LAVIN	1.00									
TREASURER		х						0	0	0
(14)CAROL_SUE_BARKER	1.00									
DIRECTOR		х						0	0	0
EEA										Form 990 (2021)

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors, Trustee	es, rey ⊑mp	loyee	s, ar		igne C)	estco	mpe	ensated Employe	es (continued)			
(A)	(B)	(do i	not che		sition ore th	nan one		(D)	(E)		(F)	
Name and title	Average					s both an	1	Reportable	Reportable	Est	imated arr	ount
	hours	offic	er and	d a dir	ector	/trustee)		compensation	compensation		of other	
	per week							from the organization (W-2/	from related organizations (W-2		compensat from the	on
	(list any hours for	oro	Ins	Office	Key	em	Former	1099-MISC/	1099-MISC/		ganization	and
	related	lirec	ituti	cer	Key employee	hest ploy	mer	1099-NEC)	1099-NEC)	rela	ted organiz	ation
	organizations	tor al tr	onal		ploy	ee or						
	below	or director	Institutional trustee		ee	nper						
	dotted line)	0	tee			Highest compensated employee						
15)LIZ GROSS	1.00											
/ICE PRESIDENT		x						0	C			0
	1.00									, 		
PRESIDENT		x						0	(0
	1 00			-				0		,		
17) JOAN HANTEN	<u> </u>											
DIRECTOR		X						0	()		C
18)ROSE_HOLDREN, DDS	<u> </u>											
DIRECTOR	1 00	x		_				0	()		C
19)MICHAEL HUEY, DMD	1.00	x						0	(0
	1.00							0		,		
CHAIRPERSON		x						0	(c
21)GREG_MEYER, CPA	1.00							ŭ		·		
DIRECTOR		x						0	C	,		C
22)												
23)												
24)												
(25)												
2 5)												
1b Subtotal			•••	'			• •					
c Total from continuation sheets to Part VII, Sect	tion A .											
d Total (add lines 1b and 1c)								118,053	()		0
2 Total number of individuals (including but not limit								-	of	1		-
reportable compensation from the organization												
											Yes	No
3 Did the organization list any former officer, direc		-				-						
employee on line 1a? If "Yes," complete Schedu										. 3	_	Х
4 For any individual listed on line 1a, is the sum of re												
organization and related organizations greater th	an \$150,000	? If "Y	′es,″	com	plet	e Sche	edul	e J for such				
individual										. 4		х
5 Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	ed orga	aniza	ation or individual				
for services rendered to the organization? If "Yes	s," complete	Schea	lule J	l for	suc	h pers	on			. 5		x
Section B. Independent Contractors												
1 Complete this table for your five highest compensa	ited independ	lent co	ntrac	ctors	that	t receiv	ved	more than \$100,00	0 of			
compensation from the organization. Report comp	ensation for t	the cal	enda	ar ye	ar e	nding	with	or within the organ	ization's tax yea	r.		
(A)								(B)		(C	;)	
Name and business address	ss							Description of service	es	Compe	nsation	
2 Total number of independent contractors (includin	g but not limi	ted to	thos	e lis	ted a	above)	who	0				

 2
 Total number of independent contractors (including but not limited to those listed above) who

 received more than \$100,000 of compensation from the organization

orm 99 Part \	<u>`</u>	Statement of Rev		THEATRE J E	FOU.	NDATION			91-14781	.93 Page
		Check if Schedule O co	ntair	ns a response	e or n	ote to any line in thi	s Part VIII		<u> </u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
s	b	Membership dues			1b	8,350				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events			1c					
s, G	d	Related organizations .	•••		1d					
Gifts ar A		Government grants (contr			1e	770,092				
ns, simil	f	All other contributions, gift								
utio		and similar amounts not in			1f	496,348				
d to	g	Noncash contributions inc								
and	h			L	1g		1 054 500			
	n	Total. Add lines 1a-1f	•••	• • • • • •	•••	Business Code	1,274,790			
	2a	PRESENTED EVENTS				711110	816,628	816,628		
e	2a PRESENTED EVENTS b USER EVENTS					711110	79,768	0107020	79,768	
Program Service Revenue	c				/ 11110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/ 5 / / 00		
ven	d									
Re	е									
	f	All other program service r	evei	nue	••••					
	g	Total. Add lines 2a-2f .					896,396			
	3	Investment income (includi								
		other similar amounts) .					3,348			3,3
		Income from investment of								
	5	Royalties	•••							
		0		(i) Real		(ii) Personal				
		Gross rents	6a		300					
		Less: rental expenses Rental income or (loss)	6b 6c		505 205					
		Net rental income or (loss)				<u>∕</u> ►	(5,205)		(5,205)	
		Gross amount from	·	(i) Securitie		(ii) Other	(37203)		(37203)	
	1a	sales of assets		()	_	()				
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
Other Revenue	с	Gain or (loss)	7c							
Re		Net gain or (loss)			•	ト				
her	8a	Gross income from fundrai	-							
ð		events (not including \$								
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses . Net income or (loss) from f			8b					
		Gross income from gaming		aising events	, .	· · · · · · •				
	Ja	activities, See Part IV, line			9a					
	ь	Less: direct expenses .			9b					
		Net income or (loss) from g								
		Gross sales of inventory, le	-	J						
		returns and allowances .			10a	146,928				
	b	Less: cost of goods sold			10k					
	с	Net income or (loss) from s	sales	s of inventory		· · · · · · •	137,099			137,0
						Business Code				
	11a									
nue	b									
Revenue	с									
Ϋ́	-	All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	ctior	ns		🕨	2,306,428	816,628	74,563	140,4

ADMIRAL THEATRE FOUNDATION

)o n	Check if Schedule O contains a response or note to a ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,499		97,499	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	607,722	435,414	82,191	90,117
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,053	3,614	3,614	3,825
9	Other employee benefits	58,145	41,631	13,211	3,303
0	Payroll taxes	(11,262)	3,284	(22,795)	8,249
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	30,973	8,412	21,159	1,402
2	Advertising and promotion	18,680	11,832	6,182	666
3	Office expenses	72,494	36,606	35,428	460
4	Information technology	12,501	7,042	5,459	
5	Royalties				
6	Occupancy	90,960	45,480	45,480	
7	Travel	580		580	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,286		1,286	
0	Interest	208		208	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	209,386	115,162	94,224	
3	Insurance	16,814	8,407	8,407	
4	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.)				
а	PRESENTED EVENTS	546,182	472,866	72,111	1,205
b	BANK FEES	32,873	24,456	8,417	
с					
d					
е	All other expenses	34,498	7,088	26,650	760
5	Total functional expenses. Add lines 1 through 24e	1,830,592	1,221,294	499,311	109,987
6	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				

Form	990 (20	21) ADMIRAL THEATRE FOUNDATION	91	L-14781	93 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,334,285	1	1,509,203
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(73,977)	4	(53,362)
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	 Account Loans a trustee, controll Loans a under s Notes a Notes a Invento Prepaid Land, b Land, b Land, b Less: a Investminication Investminication Investminication Investminication Investminication Other and 	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
sets	8	Inventories for sale or use	2,486	8	26,236
As	9	Prepaid expenses and deferred charges	11,100	9	22,000
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,258,518			(B) End of year 1,509,203 (53,362) (53,362) (53,362) 26,236 22,000 3,535,559 1,285,019 1,285,019 6,324,655 149,778 509,618 509,618
	b	Less: accumulated depreciation 10b 3,722,959	3,588,433	10c	
10a b 11 12 13 14 15 16 17 18	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	1,319,529	12	1,285,019
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,181,856	16	6,324,655
	17	Accounts payable and accrued expenses	160,814	17	149,778
	18	Grants payable		18	
	19	Deferred revenue	546,325	19	509,618
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	290,231	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,604	25	19,457
	26	Total liabilities. Add lines 17 through 25	1,000,974	26	678,853
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	5,180,882	27	5,645,802
3ala	28	Net assets with donor restrictions		28	
Βpc		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	5,180,882	32	5,645,802
-	33	Total liabilities and net assets/fund balances	6,181,856	33	6,324,655

EEA

Form **990** (2021)

Form	990 (2021) ADMIRAL THEATRE FOUNDATION 9.	1-147819	3	Pa	age 12
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	2,	306,	,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	830,	,592
3	Revenue less expenses. Subtract line 2 from line 1	3		475,	,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	180,	,882
5	Net unrealized gains (losses) on investments	5		(34,	,509)
6	Donated services and use of facilities	6		23,	,332
7	Investment expenses	7			
8	Prior period adjustments	8			261
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,	645,	,802
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		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	<u>.</u> .	3b		
EEA			Form	990 (2021)

	000 T		Exempt Organization Business Income Tax Return		OMB No. 1545-0047
For	990-T	Image: construction of the section of the sectin the section of the section of the section of			
		For cal	endar year 2021 or other tax year beginning $09-01$, 2021, and ending $08-31$, 202	22	
Don	artment of the Treasury				
	nal Revenue Service			aunder section 6033(e)) 2021 ning09-01, 2021, and ending 08-31, 2022 OPen to Public Inspection fast of 01(c)(3). Of for instructions and the latest information. as it may be made public if your organization is a 501(c)(3). Dem to Public Inspection forganizations Only organizations Only organizatio	
A	Check box if		Name of organization (Check box if name changed and see instructions.)	D Employ	ver identification number
	address changed.	Drint	ADMIRAL THEATRE FOUNDATION	91-14	78193
B E	xempt under section	_	Number, street, and room or suite no. If a P.O. box, see instructions.	•	•
х	501(c)(3)	-	515 PACIFIC AVENUE	(see in	structions)
	408(e) 220(e)	Type	City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		BREMERTON, WA 98337	· _ •	
	529(a) 529A	C Book		an	amended return.
G	Check organization t	ype 🕨	x 501(c) corporation 501(c) trust 401(a) trust Other trust		
Н	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
I	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		· · · · · · · • 🔲
J	Enter the number of	attached	Schedules A (Form 990-T)		
Κ	During the tax year, v	was the o	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		► Yes x No
	If "Yes," enter the na	me and	identifying number of the parent corporation ►		
L				• (36	0)373-6810
Pa	art I Total U	nrelate	ed Business Taxable Income		1
1					
	instructions)			••	1
2	Reserved			•••	2
3	Add lines 1 and 2	• • •		••	3
4	Charitable contribu	itions (se	ee instructions for limitation rules)	•••	4
5					5
6	Deduction for net o	perating	loss. See instructions	· · _	6
7	Total of unrelated	business	s taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fror	n line 5		••	7
8	•				8
9					9
10				1	10
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
				1	0
Pa					
1				. ►	1 0
2					
	Part I, line 11 from:		— 、 ,		
3					-
4					
5		`			-
6					
				•••	
For	Paperwork Reducti	on Act I	Notice, see instructions.		Form 990-T (2021)

EEA

	D-T (2021) ADMIRAL THEATRE FOUNDATION	91-147	78193	Pa	age 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions)				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2		
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697				
	Other (attach statement)		3		
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here		4		
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5		
6a	Payments: A 2020 overpayment credited to 2021				
b	2021 estimated tax payments. Check if section 643(g) election applies				
С	Tax deposited with Form 8868 6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 □ Other Total ► 6g		-		
7	Total payments. Add lines 6a through 6g		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10 11		
11 Part	Enter the amount of line 10 you want: Credited to 2022 estimated tak V Statements Regarding Certain Activities and Other Information (s				
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio			163	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-			
	here >				х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to a foreign trust	?		x
-	If "Yes," see instructions for other forms the organization may have to file.				Λ
3	Enter the amount of tax-exempt interest received or accrued during the tax year	▶ \$			
4	Enter available pre-2018 NOL carryovers here ► \$. Do not include any				
•	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduc				
	Part I, line 6.	and opened on			
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryov	ers. Don't reduce			
-	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax ye				
		able post-2017 NOL carry	vover		
	///////////////////////////////	<u>abio poor 2011 110 2 0011</u>	,		
	\$				
	\$				
	\$				
6a	Did the organization change its method of accounting? (see instructions)				х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Forr				
	explain in Part V				
Part V		· · · · · ·			
	e the explanation required by Part IV, line 6b. Also, provide any other additional info	rmation. See instructio	ns.		

Qiana	Und belie	er penalties of perjury, I declare that I have examine of, it is true, correct, and complete. Declaration of pr	ed this return, including acco eparer (other than taxpayer)	mpanying schedules an is based on all informat	d statements, and t ion of which prepare	o the best of my kr er has any knowled	nowledge and dge.	
Sign Here Paid Preparer Use Only	Si	gnature of officer	with the prepa	May the IRS discuss this return with the preparer shown below (see instructions)?				
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Paid		CLARKE WHITNEY, CPA	CLARKE WHITNEY,	CPA	07-11-2023	self-employed	P00447598	
Prepa	rer	Firm's name CLARKE WHITNEY, CP	A, INC.			Firm's EIN ► 91-	-1471050	
Use O	nly	Firm's address ► 610 WARREN AVE				Phone no.		
		BREMERTON WA 98337				360	0-792-1040	

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

►	Attach	to	Form	990	or	Form	990-EZ.
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OMB No. 1545-0047

Name	of t	ne organization	-				Employer identification	number
ADM	RA	L THEATRE FOUNDATION					91-147819	3
Par	t I	Reason for Public Cha	rity Status. (A	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The c	rgai	nization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check o	only one bo	x.)	•	
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3		A hospital or a cooperative hospital	I service organizat	ion described in section	170(b)(1)	(A)(iii).		
4		A medical research organization of	perated in conjunc	tion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the be	enefit of a college o	r university owned or ope	erated by a	governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Complete	te Part II.)					
6		A federal, state, or local governme	nt or governmenta	I unit described in sectio	on 170(b)(1)(A)(v).		
7	Х	An organization that normally received	ves a substantial pa	art of its support from a g	overnment	al unit or fi	rom the general public	
		described in section 170(b)(1)(A)	(vi). (Complete Pa	t II.)				
8		A community trust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9		An agricultural research organizati	on described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant coll	ege
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		university:						
10		An organization that normally received receipts from activities related to its support from gross investment inco acquired by the organization after the support of the organization after the support of the organization after the support of the su	s exempt functions, me and unrelated l	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	S
11		An organization organized and ope	erated exclusively t	o test for public safety. S	See sectio	n 509(a)(4	·).	
12		An organization organized and ope	rated exclusively for	or the benefit of, to perform	n the funct	ions of, or	to carry out the purpos	es of
		one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	3). Check
	the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organizat	ion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving
		the supported organization(s) t	he power to regula	rly appoint or elect a maj	jority of the	directors	or trustees of the	
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B				
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g
		control or management of the s	supporting organiza	ition vested in the same p	persons that	at control o	r manage the supporte	d
		organization(s). You must cor	mplete Part IV, Se	ctions A and C.				
С		Type III functionally integrate	ed. A supporting o	rganization operated in c	onnection	with, and	functionally integrated	with,
		its supported organization(s) (see instructions). Y	ou must complete Part	t IV, Secti	ons A, D, a	and E.	
d		Type III non-functionally inte	grated. A support	ng organization operated	d in conne	ction with i	ts supported organizat	tion(s)
		that is not functionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	s
		requirement (see instructions).	You must compl	ete Part IV, Sections A	and D, an	d Part V.		
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization	l.		
f	E	nter the number of supported organ	izations					
g	F	rovide the following information abo	ut the supported or	ganization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

	Ile A (Form 990) 2021 ADMIRAL THE					91-147819	
Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	881,162	854 402	1,240,280	1 066 547	1 274 790	5,317,181
2	Tax revenues levied for the	001,102	034,402	1,240,280	1,000,547	1,2/4,790	5,517,101
2	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	881,162	854,402	1,240,280	1,066,547	1,274,790	5,317,181
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)						378,519
6	Public support. Subtract line 5 from line 4.						4,938,662
Sect	ion B. Total Support						_,,
-	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	881,162	854,402	1,240,280	1,066,547	1,274,790	5,317,181
8	Gross income from interest, dividends,	001,102	034,402	1,240,280	1,000,547	1,2/4,790	5,517,101
0	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	8,132	16,279	38,682	49,252	3,348	115,693
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.)	158	307				465
11	Total support. Add lines 7 through 10						5,433,339
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	c)(3)
	organization, check this box and stop her	•			•	•	,,,,
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	-		11 column (f))		14	90.90 %
15	Public support percentage from 2020 Sch	. ,	•	(, ,		15	87.50 %
16a	33 1/3% support test - 2021. If the organ						
Toa	box and stop here . The organization qual						
		•	• • • •	•			
b	33 1/3% support test - 2020. If the organ						
	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization meet						
	Part VI how the organization meets the factor	cts-and-circum	stances test.	The organization	on qualifies as	a publicly supp	orted
	organization						►
b	10%-facts-and-circumstances test - 202	20. If the organ	nization did not	check a box o	on line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	ts-and-circum	stances test, c	heck this box a	and stop here.	Explain
	in Part VI how the organization meets the					-	-
	organization			-		• •	
18	-						
18	Private foundation. If the organization dia instructions	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, checl	< this box and s	ee

Schedu	le A (Form 990) 2021 ADMIRAL THE					91-147819	3 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	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						
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						
	line 6.)						
Secti	on B. Total Support						I
-	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(4) =0	(,	(0) 2010	(4) =0=0	(0) = 0 = 1	(1) 1010.
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
b							
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501(c)(3)
	organization, check this box and stop her	е					► 🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2021 (line 8	, column (f), d	livided by line '	13, column (f))		15	%
16	Public support percentage from 2020 Sch	edule A, Part	III, line 15 .			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I			ov line 13 colu	mn (f))	17	%
18	Investment income percentage from 2020			•	())	18	%
19a	33 1/3% support tests - 2021. If the orga					-	
194	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organizati	-	-			• • •	
b							
20	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	a not check a	DUX UN IME 14,	19a, UL 19D, C	HECK LINS DOX 8	and see mstruc	ແບເເຣ 🕨 📋

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

ADMIRAL THEATRE FOUNDATION Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С 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 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 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. 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.)

	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vee	Na
			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	4		
2	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,	•		
2004	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations		Vac	N-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	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		
ecti	on D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
~				
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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,	2a		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2a		
a	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		
a	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
a	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If	2a 2b		
a	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
a b	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
a b 3	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a b 3	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

91-1478193

Page 5

Schedule A (Form 990) 2021

 Part IV
 Supporting

ADMIRAL THEATRE FOUNDATION

Supporting Organizations (continued)

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

ADMIRAL THEATRE FOUNDATION

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

91-1478193

Page 6

Schedul	e A (Form 990) 2021 ADMIRAL THEATRE FOUNDATIO		91-147	8193 Page 7
Fail	V Type III Non-Functionally Integrated 509(a)(3	b) Supporting Organi		
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	,	
6	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		. 7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		(ii)	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - <i>explain in Part VI).</i> See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2021

	Page Page Page Page Page Page Page Page
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, 2k
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	

Schedule of Contributors

OMB No. 1545-0047

Schedule B	
(Form 990)	

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number	
ADMIRAL THEATRE FOUNDATION	91-1478193	
Organization type (check one):		

Filers of:	Sec	tion:
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule E	6 (Form	990)	(2021
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Name of organization

Page 2 Employer identification number

ADMIRAL THEATRE FOUNDATION

91-1478193

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	HILL MOVING SERVICES		Person <u>x</u> Payroll				
	26394 PIONEER WAY NW	\$31,250	Noncash (Complete Part II for				
	POULSBO WA 98370		noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	BRUCE & VICTORIA YODER		Person <u>x</u> Payroll				
	9033 GENESIS LANE SE	\$30,000	Noncash (Complete Part II for				
	PORT ORCHARD WA 98367		noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	LINDA AND RANDY SMITH		Person 🗽 Payroll 🗌				
	1246 108TH AVE SE BELLEVUE WA 98004	\$100,000	Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash				
			(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash				
			(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash				
			(Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB	No. 1545-0	047
2	021	

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization			Employer identification number
ADMI	RAL THEATRE FOUNDATION			91-1478193
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	counts.
	Complete if the organization answered "Yes" of			
	· •		advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	1
	funds are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor a			
•	only for charitable purposes and not for the benefit of the do	•	•	
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes" of	on Form 990, Part I	V. line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			historically important land area
	Protection of natural habitat			certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied concervation cont	ribution in the form of	a conservation
2				Held at the End of the Tax Year
-	easement on the last day of the tax year.			
a L	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic st			<u>2c</u>
d	Number of conservation easements included in (c) acquired			
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the o	organization during the
	tax year			
4	Number of states where property subject to conservation ea		· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	ation easements during the year
_			.	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservatio	n easements during the year
-	► \$			
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's financial statements	s that describes the
-	organization's accounting for conservation easements.			
Par				Other Similar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its rev	enue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, educatior	, or research in furthe	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 \ldots			
	(ii) Assets included in Form 990, Part X			· · · · · ▶ \$
2	If the organization received or held works of art, historical tre	easures, or other simil	ar assets for financial	
	following amounts required to be reported under FASB ASC	958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			· · · · · ▶ \$
b	Assets included in Form 990, Part X			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	D (Form 990) 2021 ADMIRAL THEATRE					91-1478			age 2
Par							ssets (C	ontini	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the fo	ollowing that m	nake sig	nificant use of its			
	collection items (check all that apply):		_						
а	Public exhibition		d 📃 Loan o	r exchange pr	ograms	i			
b	Scholarly research		e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further the	e organization	's exem	pt purpose in Part			
	XIII.								
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other	similar				
	assets to be sold to raise funds rather than t	o be maintained as p	art of the organization	on's collection	i?		. 🗌 Ye	s 🗌	No
Par	t IV Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line	9, or r	eported an am	ount on	Form	า
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asset	ts not				
			-				. 🗌 Ye	sП	No
b	If "Yes," explain the arrangement in Part XIII								
~			iennig tablet			Am	ount		
с	Beginning balance				. 1c		ount		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance						. 🗌 Ye		No
2a	-					•			NO
	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xpianation has been	provided on F	art XIII	• • • • • • • •	• • • • •	•	
Par				art IV line	10				
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Fou	-	
1a	Beginning of year balance	1,383,175	786,910	549,		535,069	:	397,9	946
b	Contributions		250,000	200,	000				
С	Net investment earnings, gains, and								
	losses	(34,509)	346,265	37,	291	14,550		75,	663
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	1,348,666	1,383,175	786,	910	549,619		473,	609
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	ation that are held an	nd administere	d for the	9			
	organization by:	0						Yes	No
	(i) Unrelated organizations						. 3a(i)		x
	(ii) Related organizations								x
b	If "Yes" on line 3a(ii), are the related organiz								
4	Describe in Part XIII the intended uses of the	•			•••		. 05		
Par			Swincht funds.						
I al	Complete if the organization		on Form 000 P	art IV line	112 9	See Form 000	Dort X	lina 1	0
	· · · · · · · · · · · · · · · · · · ·								0.
	Description of property	(a) Cost or othe (investme		r other basis other)		Accumulated epreciation	(d) Boo	k value	
4 -	Lond		, ,	,	u.			104	0.0.0
1a				184,000				184,0	
b	Buildings			264,130		587,383		576,	
C	Leasehold improvements			077,890		2,440,719	1,	537,2	
d				732,498		694,857		37,	641
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			3,	535,	559

Schedule D (Form 990) 2021

Schedule D (Form	· ·	THEATRE FOUNDATION			91-1478193	Page 3
Part VII	Investments - Other Secu					
	Complete if the organizatio	n answered "Yes" on For	m 990, Part IV, lin	e 11b. See	e Form 990, Part X,	, line 12.
	(a) Description of security or ca (including name of secur		(b) Book value		(c) Method of valuatio Cost or end-of-year market	
(1) Financial of	lerivatives					
	eld equity interests					
(3) Other						
	D 500 INDEX		1,285,019	FMV		
	CATES OF DEPOSIT			COST		
(C)						
(D)						
(E)						
(F)						
(G)						
(H) Total (Colum	n (h) must squal Form 000 Port X	act (P) line 12)	1 205 010			
Part VIII	n (b) must equal Form 990, Part X, o Investments - Program R		1,285,019			
	Complete if the organizatio		m 990 Part IV lin	e 11c See	Form 990 Part X	line 13
	(a) Description of investme	ent	(b) Book value		(c) Method of valuatio Cost or end-of-year market	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, d	col. (B) line 13.)				
Part IX	Other Assets. Complete if the organizatio	n answered "Yes" on For	m 990, Part IV, lin	e 11d. See		
(4)		(a) Description			(b) Bo	ook value
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, d	col. (B) line 15.).				
Part X	Other Liabilities.					
	Complete if the organizatio line 25.	n answered "Yes" on For	m 990, Part IV, lin	e 11e or 1	1f. See Form 990,	Part X,
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i	ncome taxes					
(2)DEPOSIT	S		13,865			
(3) ISTORI	C PRESERVATION FUND		5,592			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.) . 🕨	19,457			
-	uncertain tax positions. In Part XIII, I		-			
organization's	liability for uncertain tax positions un	der FASB ASC 740. Check here	e if the text of the footn	ote has been	provided in Part XIII.	\square

Schedule	D (Form 990) 2021 ADMIRAL THEATRE FOUNDATION	91-1478193	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ADMIRAL THEATRE FOUNDATION

Employer identification number 91-1478193

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNING BOARD BEFORE IT IS FILED.

02. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Federal Supporting Statements	2021 PG01
Name(s) as shown on return	Tax ID Number
ADMIRAL THEATRE FOUNDATION	91-1478193
990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS Form 990-T Schedule A: RENTAL OF THEATRICAL FACILITY	Statement #9
DESCRIPTION	AMOUNT
EMPLOYEE BENEFITS	4,217
PAYROLL TAXES CONCESSION SUPPLIES	3,588 713
SUPPLIES	4,197
INSURANCE	1,220
OCCUPANCY	6,598
SOFTWARE	907
DEPRECIATION	13,426
ADMIN FEE	9,140
TOTAL	44,006
990-T Schedule A Part V - Unrelated Debt-financed Income Straight-line Depreciat Form 990-T Schedule A:RENTAL OF THEATRICAL FACILITY	
Property description Dual-Use	S-L depreciatio
COMMERCIAL PROPERTY ON 5TH ST	1,762
Total	1,762
	PG01
990-T SCHEDULE A PART V - LINE 3B OTHER DEDUCTIONS Form 990-T Schedule A: RENTAL OF THEATRICAL FACILITY	Statement #1
Property: COMMERCIAL PROPERTY ON 5TH ST, Address: 530 5TH ST BREMERTON W	A 98337
DESCRIPTION	AMOUNT
REAL ESTATE TAXES	621
UTILITIES	3,508
INTEREST EXPENSE	7,376
TOTAL	11,505

		Federal S	Federal Supporting Statements	ents	2021	21 PG01
Name(s) as shown on return ADMIRAL THEATRE FOUNDATION					Tax IC 91-1-	ber 193
		990-T Schedule A Part V	1	Dual-use Debt-financed Property Statement		Statement #14
Form 990-T Schedule A: RENTAL OF THEATRICAL FACILITY	TAL OF THEATRICAL FACII	TT				
Property Discription	Avg. of Acquisition indebtedness	Percent allocable to debt-financed property	Avg. acquisition debt on debt-financed property	Adjusted basis	Percent Allocable A to debt-financed debt-financed property	Adjusted basis allocable to debt-financed property
COMMERCIAL PROPERTY ON 5TH ST	ST 43,593	100.00008	43,593	138,158	100.00000%	138,158

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
 Open to Public Inspection for 501(c)(3).

A Name of the organization	B Employer identification number
ADMIRAL THEATRE FOUNDATION	91-1478193
C Unrelated business activity code (see instructions) > 711110	D Sequence: 1 of 1

E Describe the unrelated trade or business **FRENTAL OF THEATRICAL FACILITY**

1a Gross receipts or sales 85,097 c Balance + 1c 65,097 2 Cost opods add (Part III, line 8) . 3 85,097 85,097 4a 2 3 3 85,097 85,097 85,097 4a 2 3 3 85,097 85,097 85,097 4a 3 85,097 85,097 85,097 85,097 4a 3 85,097 85,097 85,097 85,097 4a <	Par	rt I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
2 Cast of goods sold (Part III, line 8) 2 85,097 85,097 3 Gross profit. Subtract line 2 from line 1c 3 85,097 85,097 85,097 4 Capital gain not income (clasch Sch D L/Grm 1041 or Form 1120). See instructions 4a 4a 4a 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4a 4a 5	1a	Gross receipts or sales 85,097					
2 Cast of goods sold (Part III, line 8) 2 85,097 3 Gross profit. Subtract line 2 from line 1c 3 85,097 85,097 4 Capital gain not income (attach Sch D (Form 1041 or Form 1120). See instructions 4a 5 5 b Net gain (loss) (form 4797) (attach Form 4797). See instructions 4a 5 5 c Capital loss doduction for trusts 5 5 5 5 6 Rent income (Part IV) 6 5 5 5 7 1,988 4,186 (2,198) 6 2 18 9 Inverse ments from a controlled organization (Part VI) 7 1,988 4,186 2,198) 10 Exploted exempt activity income (Part VIII) 9 5 5 5 11 Absentity income (Part XIII) 10 1 1 1 1 12 Interest, and mains and maintenance 13 87,085 4,186 82,899 12 Interest, and mages Interest, and mages 2 39,617 3 14 Absenting income (Sein and ructions, and trustees (Part X)	b	Less returns and allowances c Balance	1c	85,097			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b 4c 4c c Capital loss deduction for trusts 4c 4c 4c 4c c Capital loss deduction for trusts 5 5 5 5 6 Capital loss deduction for trusts 5 5 5 5 7 1,988 4,186 (2,198) 6 2,198) 8 Interest annulles, royatiles, and rens from a controlled organization (Part VI) 7 1,988 4,186 (2,198) 9 Investment income (Part VII) 9	2		2				
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8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 10 10 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 11 10 Exploited exempt activity income (Part VII) 10 11 11 11 Advertising income (Part X) 11 11 11 12 Other income (see instructions; attach statement) 12 13 87, 085 4, 186 82, 899 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 2 39, 617 3 Bad debts 4 14 14 14 14 2 Salaries and maintenance 3 3 6 14 15 1 See instructions 5 1 15 16 16 16 7 Depreciation (attach Form 4562). See instructions 5 5 16 16 10 11 12 12 12 12 13 16 16 16 17 18 16 16 <td< th=""><th>6</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	6						
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2 Salaries and wages 2 39,617 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 8 Less depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on returm 8a 8b 9 Depletion 9 0 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 12 13 12 Excess readership costs (Part IX) 13 14 44,006 15 Total deductions. Add lines 1 through 14. 15 83,623 16 (724) 17 Deduction for net operating loss. See instructions 17 18 (724) 18 (724)	Par		for limi	itations on deduction	ns. Deduction	s must	be
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5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on returm 8a 8b 9 Depletion 9 10 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 11 12 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) Statement) 15 83,623 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 18 (724)	3	•				3	
6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on returm 8a 8b 9 Depletion 9 0 10 Contributions to deferred compensation plans 10 10 11 Employee benefit programs 11 12 12 Excess exempt expenses (Part VIII) 12 13 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement)	4	Bad debts				4	
7Depreciation (attach Form 4562). See instructions78Less depreciation claimed in Part III and elsewhere on return8a9Depletion10Contributions to deferred compensation plans911Employee benefit programs1012Excess exempt expenses (Part VIII)1213Excess readership costs (Part IX)1314Other deductions. Add lines 1 through 14Statement #91444,00615Total deductions. Add lines 1 through 1415 from Part I, line 13, column (C)17Deduction for net operating loss. See instructions1718Unrelated business taxable income. Subtract line 17 from line 16.18 (724)	5					5	
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement)	6	Taxes and licenses				6	
9Depletion910Contributions to deferred compensation plans1011Employee benefit programs1112Excess exempt expenses (Part VIII)1213Excess readership costs (Part IX)1314Other deductions (attach statement)5tatement #91444,00615Total deductions. Add lines 1 through 1415 from Part I, line 13, column (C)16 (724)17Deduction for net operating loss. See instructions1718Unrelated business taxable income. Subtract line 17 from line 16.18 (724)	7						
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) Statement. #9 14 44,006 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)	8	•					
11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 44,006 15 Total deductions. Add lines 1 through 14 15 83,623 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)	9	•				9	
12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 44,006 15 Total deductions. Add lines 1 through 14 15 83,623 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)	10						
13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 44,006 15 Total deductions. Add lines 1 through 14 15 83,623 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)	11						
14 Other deductions (attach statement) Statement #9 14 44,006 15 Total deductions. Add lines 1 through 14 15 83,623 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (724)	12						
15 Total deductions. Add lines 1 through 14	13						
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)							
column (C) 16 (724) 17 Deduction for net operating loss. See instructions 17 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 (724)		-				15	83,623
17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16	16						
18 Unrelated business taxable income. Subtract line 17 from line 16							(724)
				•••••			

	Ile A (Form 990-T) 2021 ADMIRAL THEATRE FOUNDAT	ION		91-147819	3 Page 2
Par	t III Cost of Goods Sold Enter method	of inventory valu	uation 🕨		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total . Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter here and Do the rules of section 263A (with respect to property produced of				Yes No
	IV Rent Income (From Real Property and Pers				
1	Description of property (property street address, city, state, ZIP co				
	A []				
	в П				
	c []				
	D []				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D	. Enter here and	d on Part I, line 6, colum	n (A)►	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here a	and on Part I lii	ne 6 column (B)		
Dev					
Par		/	kife duel use. Casinet		
1	A COMMERCIAL PROPERTY ON 5TH ST, Address				
	B	55: 550 511	1 SI BREMERION N	VA 96337	
	c 🗌				
	D []				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property	6,300			
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement) Statement #12				
b	Other deductions (attach statement) Statement #13	11,505			
С	Total deductions (add lines 3a and 3b,	10.067			
	columns A through D)	13,267			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Statement #14	43,593			
5	Average adjusted basis of or allocable to debt-	43,393			
5	financed property (attach statement) Statement #14	138.158			
6		1.55300 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	1,988			
0			Lling 7 column (A)		1 000
8	Total gross income (add line 7, columns A through D). Enter he	ere and on Part	i, ine i, column (A) .	· · · · · · · · • -	1,988
9	Allocable deductions. Multiply line 3c by line 6	4,186			
10	Total allocable deductions. Add line 9, columns A through D. B	Enter here and	on Part I, line 7, column	(B)►	4,186
11	Total dividends-received deductions included in line 10			_	
11				<u>····</u>	

Schedul	ule A (Form 990-T) 2021 ADMIRAL THEATRE FOUNDATION 91-147						
Part	VI Interest, Annuit	t, Annuities, Royalties, and Rents from Controlled Organizations (see instru			ctions)		
-					Exempt Co	ontrolled Organizations	
	 Name of controlled organization 	2. Employer identification number	3. Net unrela income (los (see instructio	ss)	 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexem	pt Co	ontrolled Organization	ns	1
	7. Taxable income	inco	t unrelated me (loss) structions)	g	 Total of specified payments made 	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Iine 8, column (A)					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Part	VII Investment Inc	ome of a Sec	ction 501(c)(7), (9	9), or (17) Organiz	ation (see instructions	s)
	1. Description of income 2. Amour		nt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Enter here		ts in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part		mpt Activity	Income, Oth	er T	han Advertisina l	ncome (see instruction	ns)
1	Description of exploited ac		, -		.	x	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)						2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,						
	line 10, column (B)						3
4	()		isiness. Subtract line 3 from line 2. If a gain, complete				
_	-						4
5				usiness income			5
6	Expenses attributable to in Excess exempt expenses.						6
7							7
			· · ·				

EEA

Schedule A (Form 990-T) 2021

	le A (Form 990-T) 2021 ADMIRAL THEATRE FOUNI	DATION		91-1	.478193 Page 4
Part 1	IX Advertising Income Name(s) of periodical(s). Check box if reporting two of A B C D	or more periodicals on a c	onsolidated basis.		
Enter a	amounts for each periodical listed above in the correspo	onding column.	-		
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part I, li	ne 11, column (A)			▶
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, li	ne 11, column (B)			►
4 5 6	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs	•			
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Part	Add line 8, columns A through D. Enter the greater of Part II, line 13				►
	1. Name	2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3) (4)				%	
	Enter here and on Part II, line 1	structions)			