

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **PACIFIC REPERTORY THEATRE**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 222035
 City or town, state or province, country, and ZIP or foreign postal code
Carmel, CA 93922-2035

D Employer identification number
****-***6957**

E Telephone number
(831) 622-0700

F Name and address of principal officer: **LEE ROSEN**
PO BOX 222035 CARMEL, CA 93922-2035

G Gross receipts \$ **3,222,060.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.PACREP.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983**

M State of legal domicile: **CA**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PUBLIC THEATRICAL PERFORMANCES OF BOLD AND DARING INTERPRETATIONS OF THE GREAT PLAYS.		
	2 Check this box <input type="checkbox"/> 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)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	90
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,147,121.	Current Year 2,627,710.
	9 Program service revenue (Part VIII, line 2g)	334,376.	349,986.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,010.	7,145.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,189.	182,952.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,606,696.	3,167,793.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	727,148.	728,773.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	362,513.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	488,791.	593,145.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,215,939.	1,321,918.	
19 Revenue less expenses. Subtract line 18 from line 12	390,757.	1,845,875.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,952,049.	End of Year 9,983,799.
	21 Total liabilities (Part X, line 26)	505,483.	676,358.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,446,566.	9,307,441.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer **STEPHEN A. MOORER, EXECUTIVE DIRECTOR** Date

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **Sky A Rappoport** Preparer's signature Date **11/07/2023** Check if self-employed PTIN **P****0387**

Firm's name **SR Management** Firm's EIN **** - ***3527**

Firm's address **PO Box 161 Monterey, CA 93942-0161** Phone no. **(831) 649-4495**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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:
PUBLIC THEATRICAL PERFORMANCES-BOLD AND DARING INTERPRETATIONS OF THE GREAT PLAYS.

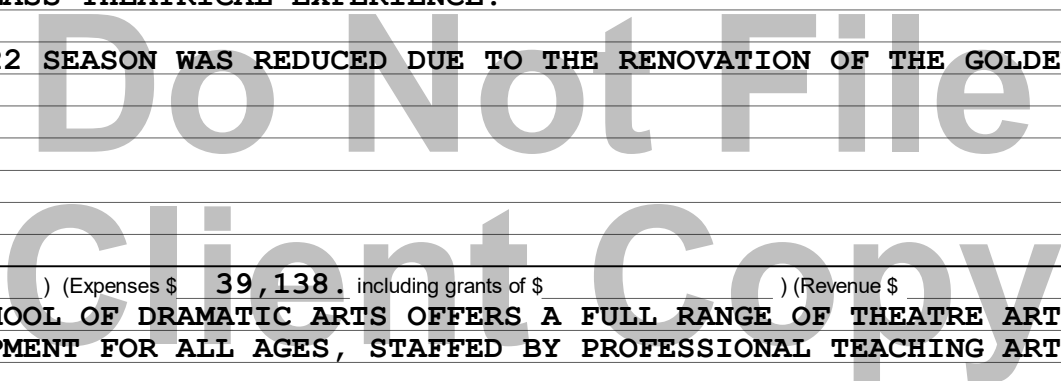
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **754,572** including grants of \$) (Revenue \$)
CELEBRATING THE TRANSFORMING POWER OF CREATIVE SPIRIT, PAC REP THEATRE PRODUCES BOLD AND DARING INTERPETATIONS OF THE GREAT PLAYS FROM WORLD STAGES - PLAYS THAT ENGAGE, EXCITE, EDUCATE, AND INSPIRE. PRESENTING WORL CLASS THEATRICAL EXPERIENCE.

THE 2022 SEASON WAS REDUCED DUE TO THE RENOVATION OF THE GOLDEN BOUGH.



4b (Code:) (Expenses \$ **39,138** including grants of \$) (Revenue \$)
THE SCHOOL OF DRAMATIC ARTS OFFERS A FULL RANGE OF THEATRE ARTS. DEVELOPMENT FOR ALL AGES, STAFFED BY PROFESSIONAL TEACHING ARTISTS.

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 **793,710.**