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.

and ending

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

B c	heck if pplicabl	C Name of organization		D Employer identific	cation number			
	Addre chang	SYRACUSE AREA LANDMARK THEATRE						
	Name chang			22-21488	23			
Е	Initial return		Room/suite	E Telephone numbe				
Е	Final return	362 COTIME CALTNA CADEEM	rtooni, outto	315-475-				
	termin ated			G Gross receipts \$ 15,515,902.				
	Amen			H(a) Is this a group re				
	Application	F Name and address of principal officer:MICHAEL INTAGLIETTA	A	for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—			
Ι 1	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions			
JΛ	Vebsi			H(c) Group exemptio				
ΚF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1977 N	State of legal domicile: NY			
Pa	art I	Summary						
е	1	Briefly describe the organization's mission or most significant activities: PRESE	ERVATI	ON AND REST	ORATION OF			
Governance		THE LOEW'S THEATRE BUILDING AS A HISTORIC	CAND	CULTURAL LA	NDMARK, AND			
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as				
Š	l .			3	17			
æ		Number of independent voting members of the governing body (Part VI, line 1b)			17			
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			254			
Activities &		Total number of volunteers (estimate if necessary)			100			
Ä		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year			
		Contributions and grants (Part VIII line 1h)		3,904,670.	12,499,871.			
Revenue		Contributions and grants (Part VIII, line 1h)		618,749.	2,242,477.			
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	56.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,803.	505,275.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,619,243.	15,247,679.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	4-	October 18 to 18 t		643,011.	1,412,261.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 21,87		0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	75.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,149,985.	1,859,347.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,792,996.	3,271,608.			
	19	Revenue less expenses. Subtract line 18 from line 12		2,826,247.	11,976,071.			
ces				ginning of Current Year	End of Year			
Net Assets Fund Baland	20	Total assets (Part X, line 16)		25,577,315.	20,483,254.			
it As	21	Total liabilities (Part X, line 26)		18,506,975.	1,436,843.			
		Net assets or fund balances. Subtract line 21 from line 20		7,070,340.	19,046,411.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true,	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	icn preparer	nas any knowledge.				
٠	_	Signature of officer		I Date				
Sig		MICHAEL INTAGLIETTA, EXECUTIVE DIRECTOR		Duto				
Her	е	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	i	JAIMIE P. GALANTE, CPA	CPA 1	0/3/23 If self-employ				
	arer	Firm's name GROSSMAN ST. AMOUR CPAS PILC			6-0475780			
	Only	Firm's address 110 WEST FAYETTE STREET SUITE 900)					
	•	SYRACUSE, NY 13202		Phone no.31	5-424-1120			
May	the II	RS discuss this return with the preparer shown above? See instructions		······································	X Yes No			

Page 2

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	PRESERVATION AND RESTORATION OF THE LOEW'S THEATRE BUILDING AS A	
	HISTORIC AND CULTURAL LANDMARK, AND ENHANCEMENT OF THE THEATRE BY	
	PROMOTING ARTS AND OTHER EDUCATIONAL AND CULTURAL ACTIVITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
3	3	140
	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		<u>416.</u>)
	PRESERVATION AND RESTORATION OF THE LOEW'S THEATRE BUILDING AS A	
	HISTORIC AND CULTURAL LANDMARK, AND ENHANCEMENT OF THE THEATRE BY	
	PROMOTING ARTS AND OTHER EDUCATIONAL AND CULTURAL ACTIVITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,670,784.	

Page 3

SYRACUSE AREA LANDMARK THEATRE

Form 990 (2022) SYRACUSE ARE.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	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	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			. v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		X
ч	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	11c		- 25
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 10		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		₹.	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^``
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				-

22-2148823 SYRACUSE AREA LANDMARK THEATRE Form 990 (2022) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Х 25a 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? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 18 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a

0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х

(gambling) winnings to prize winners?

Form 990 (2022)

922) SYRACUSE AREA LANDMARK THEATRE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.5.4			
	filed for the calendar year ending with or within the year covered by this return	2a	254		37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	X
3a				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4-		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	π)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Fina	000110	to (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		` '	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			_		
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			ЭD		
	I	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1				
		13b				
	Enter the amount of reserves on hand	13c		44		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul let the propriet to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			ı		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.	1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			-		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the 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 O	9		Х
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
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) avail	able
	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, are	d finar	ncial	
	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			
	MICHAEL INTAGLIETTA - 315-475-7979			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL INTAGLIETTA EXECUTIVE DIRECTOR	40.00	-		x				87,500.	0.	3,442.
(2) ANDY BREUER	3.00			Δ		-		67,300.	0.	3,442.
PRESIDENT	3.00	X		x				0.	0.	0.
(3) KRISTY BRIGHTMAN	3.00	122						0.	0.	0.
SECRETARY	3.00	x		x				0.	0.	0.
(4) TAMMY REYES	2.00	123						•	•	•
TREASURER	2,00	x		x				0.	0.	0.
(5) COLIN LEONARD	2.00	 						•		
VICE PRESIDENT		X		х				0.	0.	0.
(6) RUTHNIE ANGRAND	1.00							-		<u> </u>
TRUSTEE		X						0.	0.	0.
(7) LEIGH ANN BOATMAN BENZ	1.00									
TRUSTEE		Х						0.	0.	0.
(8) GUY VAN BAALEN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ISABELLE HARRIS	1.00									
TRUSTEE		Х						0.	0.	0.
(10) ANNETTE PETERS	1.00									
TRUSTEE		Х						0.	0.	0.
(11) KIMILY TORILLO	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(12) STEVE CASE	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(13) BEN LARSEN	1.00	۱								•
TRUSTEE	1 00	Х						0.	0.	0.
(14) JOHN MCGRAW	1.00	١,,						_	0	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) ERIC VINAL	1.00	Į.,						_	0	0
TRUSTEE (16) MILLS MALIONEY	1.00	Х						0.	0.	0.
(16) WILLS MAHONEY	1.00	x						0.	0.	0.
TRUSTEE (17) AMANDA LEE	1.00	^	\vdash			-		<u> </u>	0.	<u> </u>
TRUSTEE	1.00	X						0.	0.	0.
INOSIEE		Γ						<u> </u>	0.	0.

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Tru (A)	(B)	T 7			C)	<u></u>		(D)	(E)			(F)	
Name and title	Average	Position						Reportable	Reportable		F	timate	h
Name and the	hours per					than		compensation	compensation			nount	
	week					or/trus		from	from related			other	
	(list any	director						the	organization	S	com	pensa	tion
	hours for	or dire				ted		organization	(W-2/1099-MIS		fr	om the	е
	related	stee (ruste			ben sa		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	organizations below	lal tru	onal		oloye	com		1099-NEC)				d relat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				lorga	anizati	0115
(18) ROBBY RIGGS	1.00	=	=	0	3	王百	Œ						
TRUSTEE		x						0.		0.			0.
		┨											
		1											
		1											
1h Subtotal		<u> </u>						87,500.		0.		3,4	42.
1b Subtotal c Total from continuation sheets to Part \	/II Section A							0.		0.		- , -	0.
d Total (add lines 1b and 1c)								87,500.		0.		3,4	
Total number of individuals (including but								<u> </u>),000 of reportab		<u> </u>	 	
compensation from the organization												· ·	0
3 Did the organization list any former office	r director truct	·00 l	kovi	omn	lovo		r bio	shoet componeated omn	alovoo on			Yes	No
line 1a? If "Yes," complete Schedule J for			•	•	•	•	•	gnest compensated emp	-		3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				77
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					•	•		•			5		Х
Section B. Independent Contractors	npiete Scriedai	C 0 1	01 3	ucn	pers	3011							
Complete this table for your five highest or	-	-								pens	ation 1	from	
the organization. Report compensation fo	r the calendar y	ear	endi	ing v	vith	or w	rithir		year.				
(A) Name and busines	s address	N	INC	F.				(B) Description of s	services	C)) ompe		n
								·			•		
							\dashv						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ						0		•					

			Check if Schedule O	cont	aine a r	enonea	or note to any lin	e in this Part VIII			
			Check if Schedule O	JUITE	ما ان ما ان	sponse	or note to any iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenuè excluded
									function revenue	business revenue	from tax under sections 512 - 514
S S	_	_	Fordered commissions			4 - 1					30000013 012 014
ant Int	1		Federated campaigns		······	1a	10 510				
اع ق			Membership dues			1b	18,510.				
r Ağ			Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		Г	1d	252 500				
Sig			Government grants (contr			1e	252,500.				
je je		f	All other contributions, gifts,			4.2	12 228 861				
윤희			similar amounts not included			1f	12,228,861.				
g		-	Noncash contributions included in		_	1g \$	11,007,528.	12 400 071			
0 6		n	Total. Add lines 1a-1f				B	12,499,871.			
_	_		LODDY AND GUAGE DEM	mar			Business Code 711300	2 202 120	2 202 120		
<u>ĕ</u>	2	_	LOBBY AND STAGE REN	TAL				2,203,120.	2,203,120.		
le Š		b	PROGRAM FEES				711300	39,357.	39,357.		
E E		C									
Program Service Revenue		d									
ğ		e									
_			All other program service					2 242 477			
	_	g	Total. Add lines 2a-2f					2,242,477.			
	3		Investment income (included the area included to th					56.			56.
								30.			30.
	4		Income from investment of		-	-					
	5		Royalties	······		Real	(ii) Personal				
		_	Oue ee wente		.,	26,150.	(ii) i ersoriai				
	6		Gross rents	6a		0.					
			Less: rental expenses	6b		•					
			Rental income or (loss)	6c		26,150.		26,150.			26,150.
			Net rental income or (loss) <u>.</u>		curities	(ii) Other	20,130.			20,130.
	′	а	Gross amount from sales of		(1) 36	curities	(ii) Other				
			assets other than inventory Less: cost or other basis	7a							
و ا		D		7.							
eun		_	and sales expenses	7b 7c							
Revenue			Gain or (loss)								
er F			Net gain or (loss)								
Other	0	а	including \$	ig cv	-	of					
_			contributions reported on	lina							
			Part IV, line 18				65,895.				
		h	Less: direct expenses				69,709.				
			Net income or (loss) from					-3,814.			-3,814.
	9		Gross income from gamin					,			,
	-	_	Part IV, line 19	-		- 1					
		b	Less: direct expenses								
			Net income or (loss) from				·				
			Gross sales of inventory,								
			and allowances			10a	680,058.				
		b	Less: cost of goods sold				198,514.				
			Net income or (loss) from					481,544.	481,544.		
s							Business Code				
e go	11	а	OTHER INCOME				711300	1,395.	1,395.		
Miscellaneous Revenue		b									
e e		С									
ši H		d	All other revenue								
			Total. Add lines 11a-11d				·····	1,395.			
	12		Total revenue. See instruction	าทร				15 247 679.	2 725 416.	0.	22 392.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	<u>'</u>		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроново	general expenses	одропосс
-	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	90,942.	18,188.	72,754.	
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	1,167,123.	909,639.	235,609.	21,875.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,608.	1,122.	4,486.	
9	Other employee benefits	39,989.	37,421.	2,568.	
10	Payroll taxes	108,599.	86,879.	21,720.	
11	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 Sch 0.)	6 600	6 600		
12	Advertising and promotion	6,600.	6,600.	120 025	
13	Office expenses	138,035.		138,035.	
14	Information technology				
15	Royalties	270 021	222 127	FF 704	
16	Occupancy	278,921.	223,137.	55,784.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,245.	22,245.		
20	Interest Payments to officials	44,443.	44,443.		
21	Payments to affiliates	574,529.	574,529.		
22	Depreciation, depletion, and amortization	71,776.	57,421.	14,355.	
23	Other expenses. Itemize expenses not covered	11,110•	J/, 441•	17,333.	
24	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 0.) RENTAL SERVICE EXPENSES	588,290.	588,290.		
d h	REPAIRS & MAINTENANCE	168,188.	134,550.	33,638.	
6	BAD DEBT EXPENSE	9,194.	9,194.	33,0331	
d	PROGRAM EXPENSES	1,569.	1,569.		
_	All other expenses	_,,,,,,			
25	Total functional expenses. Add lines 1 through 24e	3,271,608.	2,670,784.	578,949.	21,875.
26	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 if following SOP 98-2 (ASC 958-720)				
	- , , ,				F 000 (2000)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,067,755.	1	1,582,662.
	2	Savings and temporary cash investments			236,463.	2	260,477.
	3	Pledges and grants receivable, net			2,000,000.	3	830,000.
	4	Accounts receivable, net			62,152.	4	21,924.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			17,477.	8	15,404.
Ä	9	B			15,700.	9	16,156.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,068,382.			
	b	Less: accumulated depreciation	10b	6,373,577.	18,177,768.	10c	17,694,805.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	61,826.		
	16	Total assets. Add lines 1 through 15 (must equa			25,577,315.	16	20,483,254.
	17	Accounts payable and accrued expenses			6,022,937.	17	100,339.
	18	Grants payable		18			
	19	Deferred revenue		877,750.	19	537,929.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
≝		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	7,949,141.	23	0.
	24	Unsecured notes and loans payable to unrelated	d third	parties	274,110.	24	179,361.
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24)). Complete Part X			
		of Schedule D			3,383,037.	25	619,214.
	26	Total liabilities. Add lines 17 through 25			18,506,975.	26	1,436,843.
ű		Organizations that follow FASB ASC 958, che	ck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			6 000 240		15 005 151
alaı	27	Net assets without donor restrictions			6,070,340.	27	17,905,171.
d B	28	Net assets with donor restrictions			1,000,000.	28	1,141,240.
ڌِ		Organizations that do not follow FASB ASC 99	58, che	eck here L			
or F		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		-	7 070 240	31	10 046 411
ž	32	Total net assets or fund balances			7,070,340.	32	19,046,411.
	33	Total liabilities and net assets/fund balances	25,577,315.	33	20,483,254.		

Form **990** (2022)

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,27		
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>'</u>	7,07	0,3	40.
5	Net unrealized gains (losses) on investments	5				
6	1 Total revenue (must equal Part VIII, column (A), line 12)					
7	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) 2 Total expenses (must equal Part XI, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:					
8		8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19	9,04	6,4	<u> 11.</u>
Pai	t XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	e 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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Quento Rublio

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SYRACUSE AREA LANDMARK THEATRE

Employer identification number 22-2148823

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	187,059.	423,591.	227,841.	3,904,670.	1,492,343.	6,235,504.
2	Tax revenues levied for the organ-						
	ization'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	100 050	400 501	000 044			
	Total. Add lines 1 through 3	187,059.	423,591.	227,841.	3,904,670.	1,492,343.	6,235,504.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						6 025 504
	Public support. Subtract line 5 from line 4.						6,235,504.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2018 187, 059.	(b) 2019 423,591.	(c) 2020 227,841.	(d) 2021 3,904,670.	(e) 2022 1,492,343.	(f) Total 6,235,504.
	Gross income from interest,	107,033.	423,3311	227,041.	3,304,070.	1,402,040.	0,233,304.
0	*						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	24,373.	28,941.	20,828.	21,671.	26,206.	122,019.
a	Net income from unrelated business	21/0/01	20,7121	20,0200	22,0720	20,200	
3	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.)	4,218.	665.	903.	98,704.	1,395.	105,885.
11	Total support. Add lines 7 through 10				-		6,463,408.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 9	,168,987.
	First 5 years. If the Form 990 is for th	=		fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2022 (I					14	96.47 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.67 %
16a	33 1/3% support test - 2022. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the fact		•	•	·	· ·	
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
ΙŎ	Private foundation. If the organization	n dia not check a	oox on line 13, 16	a, 100, 17a, or 17b	, cneck this box a	na see instruction	<u>s</u>

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

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

Se	ction A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>	,				
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•			
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '	, ,		,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	tion.
	check this box and stop here	•		,	•	. , . ,	
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20				·	17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
401		
10b		

Par	rt IV Supporting Organizations (continued)			
	- J		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	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 supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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 yea(see instru	uctions).		
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 governmental entity	y (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 SYRACUSE AREA LANDMARK	THEA'	I'RE	<u> 22-2148823 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pri	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

SYRACUSE AREA LANDMARK THEATRE

Employer identification number 22-2148823

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds or	r Accounts. Complete if the
	organization anomoreu 100 on 1000, 1 archi, iii	(a) Donor advise	d 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		eld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a co	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2 a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the or	ganization 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		tion, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	a easements during the year
•	Amount of expenses incurred in monitoring, inspecting, many	uling of violations, and en	norchig conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthera	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar a	ssets for financial ga	
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

Sche	dule D) (Form 990) 2022 SYRACUS	E AREA LAN	DMAR	K THEA	TRE		2	2-21	.48823	Page 2
_	t III	Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Other				
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collec	ction items (check all that apply):									
а		Public exhibition	C	<u> </u>	Loan or exc	hange progra	am				
b		Scholarly research	•	• 🔲	Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exemp	t purpos	se in Pa	rt XIII.	
5	Durin	g the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar as	sets	_	_	
		sold to raise funds rather than to be m								Yes	<u></u> No
Par	t IV	Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on Fo	rm 990,	Part IV,	line 9, or	
		reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the	e organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not inc	luded		_	
		orm 990, Part X?							L	Yes	└── No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:						
										Amount	
		nning balance						1c			
d		tions during the year						1d			
е	Distri	butions during the year						1e			
f		ng balance						1f			
		ne organization include an amount on F					-	?	L	∐ Yes	∐ No
		es," explain the arrangement in Part XIII.									Ш
Par	ιν	Endowment Funds. Complete i				(c) Two year		Thron yo	are back	(a) Four v	nare back
			(a) Current year	(0) P	rior year	(C) TWO year	S Dack (a)	Tillee ye	ais Dauk	(e) rour y	tais back
		nning of year balance									
b		ributions									
C		nvestment earnings, gains, and losses									
a		ts or scholarships									
е		r expenditures for facilities									
	-	programs									
		nistrative expenses									
g		of year balance	ront voor and halan		a column (
2		de the estimated percentage of the cur designated or quasi-endowment	•	se (iirie i %	g, column (a	a)) neiu as.					
a b		anent endowment	%								
0											
·		percentages on lines 2a, 2b, and 2c sho	, -								
32		here endowment funds not in the posse	•	ation the	at are held a	and administs	red for the				
oa		nization by:	331011 Of the organiz	ation the	at are ricid a	ina aaniinista	ica ioi tiic			ΓY	es No
	•	Inrelated organizations								3a(i)	
		Related organizations									+
h		es" on line 3a(ii), are the related organiza									+
4		ribe in Part XIII the intended uses of the								. [36]	
	t VI	Land, Buildings, and Equipm		o willionic	idiido.						
		Complete if the organization answere		0, Part I\	/, line 11a. S	See Form 990), Part X, lin	e 10.			
		Description of property	(a) Cost or o			or other	(c) Accu			(d) Book	/alue
			basis (investi		` ,	(other)	depre			(=, ===	
1a	Land				37	9,500.					,500.
		ings			20,84	4,433.	5,55	6,73	1. 1	5,287	,702.

ı	,	,	, ,	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		379,500.		379,500.
b Buildings		20,844,433.	5,556,731.	15,287,702.
c Leasehold improvements		364,657.	98,894.	265,763.
d Equipment		2,468,399.	717,952.	1,750,447.
e Other		11,393.		11,393.
Total. Add lines 1a through 1e. (Column (d) must equa	17,694,805.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SYRACUSE AF	REA LANDMARK '	THEATRE	22-2148823 Page 3
Part VII Investments - Other Securities.			· ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X,	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)		
Part X Other Liabilities.	ie 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. F	Part X. line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(2, 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(2) DUE TO PROMOTERS			619,214
(3)			0_0,
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

619,214.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	15,515,902.
1	Total revenue, gains, and other support per audited financial statements		-	15,515,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments Donated services and use of facilities	2b	-	
b		2c 2c	1	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d 268,223.	1	
e	,		2e	268,223.
3	•		3	15,247,679
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	13/21//0/50
a	1	4a		
b	Other (Describe in Part XIII.)	4b	1	
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.)		5	15,247,679.
	t XII Reconciliation of Expenses per Audited Financial Statemen		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	до постава раз		
1	Total expenses and losses per audited financial statements		1	3,539,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	.,,
– a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c	1	
d		2d 268,223.	1	
	Add lines 2a through 2d		2e	268,223.
3	Subtract line 2e from line 1		3	3,271,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
a		4a		
b	Г	4b	-	
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,271,608.
	t XIII Supplemental Information.		•	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio		4; Parl	t X, line 2; Part XI,
PAI	RT X, LINE 2:			
THE	ORGANIZATION HAS ADOPTED THE PROVISION OF	FASB ASC 740,	INC	OME TAXES,
WH	CH REQUIRES THAT A TAX POSITION BE RECOGNIZE	ZED OR DERECOGN	IIZE	D ON A MORE
LIE	CELY THAN NOT THRESHOLD. THIS APPLIES TO POS	SITIONS TAKEN C	R E	XPECTED TO
BE	TAKEN IN A TAX RETURN. THE ORGANIZATION BELI	EVES THE FINAN	CIA	L
STA	ATEMENTS ARE FREE OF ANY UNCERTAIN TAX POSIT	TIONS.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
FUI	IDRAISING AND COST OF SALES NETTED AGAINST I	INCOME		268,223.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
FUI	IDRAISING AND COST OF SALES NETTED AGAINST I	NCOME		268,223.

Schedule D (Form 990) 2022	SYRACUSE AREA	LANDMARK THEATE	RE 22-2148823	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental In	formation (continued)			
				,

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Inspection
Employer identification number

SYRACUS	E AREA LANDMARK	THEAT	RE		22-2148	823
	Complete if the organization ans	wered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
required to complete this part.						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solic f Solic g X Spec or oral agreement with any individuant VII) or entity in connection with some some some some some some some some	itation of itation of ial fundra ual (incluen profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal						
List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration
or mooneing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		3			<u> </u>	,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CAPITAL		NONE	(add col. (a) through
			PROJECTS CAM			col. (c))
e			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	65,895.			65,895.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	65,895.			65,895.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	69,709.			69,709.
	10					69,709.
_		Net income summary. Subtract line 10 from li	, ,			-3,814.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)			<u> </u>
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				. — —
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					

Sch	nedule G (Form 990) 2022 SYRACUSE AREA LANDMARK THEATRE 22-2	148	823	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	۱	ı	
	a The organization's facility	13a 13b		<u>%</u>
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD	<u> </u>	70
•	The first the first are also of the person the property of the first are also of games graphs and the first are also are			
	Name			
	Address			
150	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
100	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. —	103	140
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ INT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and	rt III. li	nes 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, II	1163 3,	35, 105,

Schedule G	i (Form 990)	SYRACUSE	AREA	LANDMARK	THEATRE	22-2148823	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continue	d)				g
			· · · · · ·				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

SYRACUSE AREA LANDMARK THEATRE

Employer identification number 22-2148823

Par	rt I Types of Property		_				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art			_			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			11 005 500			
25	Other (FORGIVENESS OF)	X	1	11,007,528.	ACTUAL AMOUN	AT. OME	ש
26	Other ()						
27	Other ()						
28	Other ()		<u> </u>				
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	jement 29		Vac	No
302	During the year, did the organization receive by	, contributio	on any proporty ro	ported in Part I lines 1 through	ah 28 that it	Yes	No
30a	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?			•		30a	х
h	If "Yes," describe the arrangement in Part II.					Jua	
31	,	oolicy that re	equires the review	of any nonstandard contribu	utions?	31	Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
JEU	contributions?		_	· ·		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.	(5) 10	-71 21 61 5 601	,	,		

22-2148823

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SYRACUSE AREA LANDMARK THEATRE

Employer identification number 22-2148823

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENHANCEMENT OF THE THEATRE BY PROMOTING ARTS AND OTHER EDUCATIONAL AND CULTURAL ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS SHALL CONSIST OF THOSE PERSONS, CORPORATIONS, OR BUSINESSES WHO HAVE PAID ANNUAL DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE TRUSTEES AT AN ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE FULL BOARD OF DIRECTORS PRIOR TO SUBMITTING. THE COMMITTEE DISCUSSES WITH THE FULL BOARD OF DIRECTORS AT THEIR BOARD MEETING. THE FORM 990 IS AVAILABLE TO ALL BOARD OF DIRECTORS IN DRAFT FORM FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICIES ARE REVIEWED UPON HIRE FOR PERSONNEL AND AT

THE START OF BOARD SERVICE FOR NEW BOARD MEMBERS AND ON A CONTINUING BASIS

THEREAFTER.

PER BYLAWS BOARD MEMBERS MAY ACT ON THINGS INCIDENTAL TO OR CONNECTED WITH

THE ORGANIZATIONS PURPOSES BUT NOT FOR THE PECUNIARY PROFIT OR FINANCIAL

GAIN OF ITS MEMBERS, DIRECTORS, OR OFFICERS.

Schedule O (Form 990) 2022 Page **2**

Name of the organization SYRACUSE AREA LANDMARK THEATRE	Employer identification number 22-2148823
FORM 990, PART VI, SECTION B, LINE 15A:	
THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES RE	VIEWS THE
PERFORMANCE OF THE EXECUTIVE DIRECTOR AND APPROVES ANY ME	RIT INCREASES. THE
BOARD OF TRUSTEES PERFORMS A COMPENSATION ANALYSIS BY COM	PARING
COMPENSATION AND BENEFITS OF SIMILAR TYPE POSITIONS WITHI	N THE REGION AND
THROUGH THE LEAGUES OF HISTORIC AMERICAN THEATRES. MERIT	BONUSES TO THE
EXECUTIVE DIRECTOR ARE SUBJECT TO APPROVAL BY THE BOARD O	F TRUSTEES.
FORM 990, PART VI, SECTION C, LINE 19:	
IN ACCORDANCE WITH WRITTEN POLICY, THE FORM 990, GOVERNIN	G DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WIL	L BE PROVIDED TO
ANY INDIVIDUAL UPON WRITTEN OR IN-PERSON REQUEST WITHOUT	CHARGE OTHER THAN
FOR REASONABLE FEES FOR COPYING AND POSTAGE.	
FORM 990, PART I, LINES 8 - 19	
THE ORGANIZATION'S EXECUTIVE COMMITTEE ASSUMES RESPONSIBI	LITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT AND SEL	ECTION OF THE
INDEPENDENT ACCOUNTANT SAME AS IN PRIOR YEARS.	