Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2024 Open to Public Inspection

<u>A</u> _	For the	e 2024 calendar year, or tax year beginning , and ending			
В	Check if a	pplicable: C Name of organization		D Employe	r identification number
	Address c	hange CULTURAL CENTER OF CAPE COD			
	Name cha	Doing business as			553295
	Initial retur	number and street (or P.O. box if mail is not delivered to street address) 307 Old Main Street	Room/suite	E Telephon	394-7100
	Final retur terminated				
$\overline{\Box}$	Amended	South Yarmouth MA 02664		G Gross rec	eipts\$ 1,326,924
\Box		r Name and address of principal officer:	H(a) Is this a gr	oun return for	subordinates Yes X No
Ш	Application	virginia nocch		•	= =
		189 Pinquickset Cove Circle	H(b) Are all sub		ladou.
		Cotuit MA 02635	II TNO,	attach a list.	See instructions
<u> </u>		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website		H(c) Group exe		
			Year of formation: 2	001	M State of legal domicile: MA
F	Part I	Summary			
Ф	1 1	Briefly describe the organization's mission or most significant activities:	+h h		
Governance	-	To serve the entire Cape community and visitors to			
r S		instruction, entertainment, and exhibition in the vertex performing arts.	isuai, iii	erary,	and
ove.	2 .	· · · · · · · · · · · · · · · · · · ·			
		Check this box if the organization discontinued its operations or disposed of more that			9
ა გ		Number of voting members of the governing body (Part VI, line 1a)		3 4	9
ij	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		5	11
Activities		otal number of individuals employed in calendar year 2024 (Part V, line 2a)			50
Ă		Total consolited business recommendate Doub VIII. askuman (C) line 40			0
		Net unrelated business revenue from Part VIII, column (C), line 12			0
	D I	Net unrelated business taxable income nonn onn 990-1, Fait I, line 11	Prior Yea		Current Year
ø.	8 (Contributions and grants (Part VIII, line 1h)	567	7,820	671,148
ņ	9 F	Program service revenue (Part VIII, line 2g)	E / (3,354	615,773
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,718	36,353
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ĺ	0
	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,152	2,892	1,323,274
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	431	1,484	464,533
Expenses	16aF	Professional fundraising fees (Part IX, column (A), line 11e)			0
cpe	b T	otal fundraising expenses (Part IX, column (D), line 25) 75,028			
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	872	2,306	905,945
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,303	3,790	1,370,478
	19 F	Revenue less expenses. Subtract line 18 from line 12	-150	0,898	-47,204
Sor	Š		Beginning of Cu		End of Year
Net Assets or	20 T	Total assets (Part X, line 16)		1,678	3,413,202
et A	21 T	otal liabilities (Part X, line 26)		0,812	73,711
		Net assets or fund balances. Subtract line 21 from line 20	3,320	0,866	3,339,491
	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and ect, and complete. Declaration of preparer (other than officer) is based on all information of which p			my knowledge and belief, it is
u	ue, corre	sol, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer rias arry kirc	I	
0:		Signature of officer		Date	
Sig	_			Date	
He	ere	Jason Lilly Treasure: Type or print name and title	<u>r</u>		
		Preparer's name Preparer's signature Preparer's signature	Date	0	if PTIN
Pai	id			Check	□"
	eparer	Brian M. Carey Brian M. Carey	<u> </u>	/25 self-em	
	e Only	Firm's name DEPAOLA, BEGG & ASSOC., P.C.	F	Firm's EIN	04-2669305
J31	Cilly	220 WEST MAIN STREET			500-775-7010
1/10	v tha ID	Firm's address HYANNIS, MA 02601 S discuss this return with the preparer shown above? See instructions		Phone no.	508-775-7819
		(S) discuss this return with the preparer shown above? See instructions			X Yes No

Stilety describe the organization's mission: To serve the entire Cape community and visitors to the area by offering instruction, entertainment, and exhibition in the visual, literary, and performing arts. Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-EZ? Wes X No III 'Yes,' describe these new services on Schedule O. Did the organization crease conducts, or make significant changes in how it conducts, any program services? Yes X No III 'Yes,' describe these changes on Schedule O. Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 051(e)(3) expenses to 55(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.	Pa	Check if Schedule O contains a		e in this Part III	X
To serve the entire Cape community and visitors to the area by offering instruction, entertainment, and exhibition in the visual, literary, and performing arts. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 r909-E27	1		response of field to drift into	on the factor of	
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Performing arts. 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form Bod or 990-E2? If "Yes," describe these new services on Schedule O. 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services are received to regard the organization 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 aflocations to others, the total expenses, and revenue, if any, for each organizations are required to report the amount of grants and aflocations to others, the total expenses, and revenue, if any, for each organizations are required to report the amount of grants and aflocations to others, the total expenses, and revenue, if any, for each organization program service reported. 4a (Code:) (Expenses \$ 989,188 including grants of\$) (Revenue \$) See Schedule O 4b (Code:) (Expenses \$ including grants of\$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of\$) (Revenue \$) N/A 4d (Code:) (Expenses \$ including grants of\$) (Revenue \$)		instruction entertainme	nt. and exhibition	on in the visual. lit	erary and
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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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	1		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	. 4		Λ
3	assessments, or 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			22
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	.		
-	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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? <i>If "Yes," complete</i>		3.5	
	Schedule D, Parts XI and XII	. 12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		· ·
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	44-		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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	170		
	for any foreign argumention 2 If "Vos." complete Cabadyla F. Borte 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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20-		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X persons? If "Yes," complete Schedule L, Part III 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 X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? *If* "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes." complete Schedule L. Part IV 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 69 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return \dots	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance		counts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea			5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training to the control of	nsacti	on?	5b	\vdash	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	$\vdash \vdash \vdash$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	id the		0-		v
h	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	$\vdash\vdash\vdash$	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contrit gifts were not tax deductible?	Julion	S OI	6b		
7	Organizations that may receive deductible contributions under section 170(c).			gn		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	ode			
а	and services provided to the payor?	ioi gc	ous	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	\vdash	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		15		<u> </u>
·	required to file Form 8282?	it was		7c		
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 bene		ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		The state of the s	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	l				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441				
40-	against amounts due or received from them.)	11b	10440	420		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1041?	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any negments for indeer tenning convices during the tay year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investor	nent ir	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any	activi	ties			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2024) CULTURAL CENTER OF CAPE COD 04-3553295 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 Section A. Governing Body and Management Yes No 9 **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. 9 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section 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? X 10a **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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

organization's exempt status with respect to such arrangements? Section C. Disclosure

with a taxable entity during the year?

- 17 List the states with which a copy of this Form 990 is required to be filed MA
- 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Jason Lilly South Yarmouth 143 Mayflower Terrace

MA 02664

508-394-7100

16a

X

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

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

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

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

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

(A) Name and title	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Evans Arnold										
	2.00								_	
Vice President	0.00	X		X				0	0	0
(2)John Clark	1 00									
	1.00	3,7						_	_	0
Trustee	0.00	X						0	0	0
(3) Kathi Driscoll	1 00									
Trustee	1.00	x						0	0	0
(4) Bea Gremlich	0.00							0	0	0
(+) Dea Gremffell	2.00									
Past President	0.00	X		х				0	0	0
(5) Virginia Hoeck	0.00									
(·, · == 3 =====	1.00									
President	0.00	X		Х				0	0	0
(6) Jason Lilly										
	2.00									
Treasurer	0.00	X		X				0	0	0
(7) Marlene Marroco	0									
	1.00									
Trustee	0.00	X						0	0	0
(8)Elaine Tata										
	1.00							_	_	_
Trustee	0.00	X						0	0	0
(9) Larry Thayer										
	2.00									
Clerk	0.00	X		X				0	0	0
(10) Jeffrey Watson	1 00									
	1.00	3,7						_	_	0
Trustee	0.00	X						0	0	0
(11)										
	l		<u> </u>	<u> </u>						

Part \	(A) Name and title	(B) Average hours per week	(do	o not o	Pos check ess pe	C) sition more erson	than	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related	Est	(F) timated of oth	amount er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orç	from t ganizati	he	S
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
с То	btotal tal from continuation sho tal (add lines 1b and 1c)	eets to Part VII	, Se	ctio	n A .									
2 To	tal number of individuals (i	including but no	t lim	ited					poove) who received more	than \$100,000 of			Yes	No
em 4 Fo orç	d the organization list any finployee on line 1a? If "Yes rany individual listed on linganization and related organization and related organization	r," complete Sch ne 1a, is the sur anizations great	edu m of er th	<i>le J i</i> repo nan \$	<i>for s</i> ortab 3150	<i>uch</i> ole c ,000	indiv omp)? If	ridua ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the		3		x
for	dividual di any person listed on line services rendered to the c B. Independent Contract	organization? <i>If</i>	ccru "Yes	e co s," c	mpe o <i>mpi</i>	nsat lete	tion f Sche	rom edul	n any unrelated organization Je J for such person	on or individual		5		X
1 Co	omplete this table for your f mpensation from the organ	five highest com nization. Report							lendar year ending with or	within the organization's	tax year		(C)	
	Name and	(A) d business address							Descrip	(B) tion of services		Co	(C) mpensa	tion
	tal number of independent ceived more than \$100,000								those listed above) who	0				

га	rt v	Check i		nedule O con	tains	a resp	onse or no	te to any line in	this Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints nts	1a	Federated cam	paigns	 S	1a						
Gra	b	Membership du	ies		1b		59,685				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents		1c		•				
<u>a</u> ਦੋ	d	Related organiz	zations	 3	1d						
in,		Government grants (c			1e						
S	f	All other contributions	, gifts, g	rants,	46		611 462				
the in	а	and similar amounts r			1f		611,463				
d C	9	lines 1a-1f			1g 5	\$	7,100				
a Co	h	Total. Add lines	s 1a–1	f				671,148			
							Business Code				
Se	2a	Programs						561,200	561,200		
Program Service Revenue	b	Facility F	Renta	ls				36,998			36,99
en Sen	С	Studio Rer	ntal					17,575			17,57
gra Re	d										
5	е										
	f	All other progra						44			
_	g	Total. Add lines						615,773			
	3	Investment inco	•	•	nds, int	erest, ar	nd	25 042	25 042		
		other similar an						35,843	35,843		
	4	Income from inv									
	5	Royalties		(i) Real			Personal				
	60	Gross rents	60	(i) Real		(11) 1	Personal				
		Less: rental expenses	6a 6b								
		Rental inc. or (loss)	6c								
		Net rental incor		(loss)							
		Gross amount from	ile oi	(i) Securities) Other				
		sales of assets	7a	. ,	160	(11)) Gallor				
<u>e</u>	h	other than inventory Less: cost or other	7 4	- /							
Other Revenue	~	basis and sales exps.	7b	3.	650						
Sev	С	Gain or (loss)	7c		510						
er		Net gain or (los	s)					510	510		
닭		Gross income from	,								
		(not including \$									
		of contributions re									
		1c). See Part IV, I	ine 18		8a						
	b	Less: direct exp	enses	8	8b						
	С	Net income or (loss) 1	from fundraising	event	s					
	9a	Gross income f	rom g	aming							
		activities. See F			9a						
		Less: direct exp			9b						
		Net income or (tivities						
	10a	Gross sales of		•							
		returns and allo			10a						
		Less: cost of go			10b						
	С	Net income or (ioss) 1	rom sales of in	ventory	<u>/</u>	93				
Miscellaneous Revenue	44-						Business Code				
une Tue	11a										
ella Vel	b										
Re	اب C	All other revenu									
2		Total. Add lines									
		Total revenue						1.323.274	597.553	0	54 - 57

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a resp			t complete column (A).	X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 500	055 005	1 41 400	00 011
7	Other salaries and wages	428,728	257,237	141,480	30,011
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,805	21,483	11,816	2,506
10	Payroll taxes Fees for services (nonemployees):	33,803	21,403	11,010	2,300
11					
	Management				
C	LegalAccounting	20,245		20,245	
d					
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g					
	(A), amount, list line 11g expenses on Schedule O.)	13,691	7,290	6,401	
12		9,183	7,806	918	459
13	Office expenses	25,100	15,060	5,020	5,020
14	Information technology				
15	Royalties				
16	Occupancy	95,087	80,824	9,508	4,755
17	Travel	5,898	5,898		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	85,576	48,778	35,086	1,712
23	Insurance	22,928	19,489	2,293	1,146
24	Other expenses. Itemize expenses not covered			_,	_ ,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Contracted labor	186,924	149,539	37,385	
b	Event expenses	125,688	75,413	25,138	25,137
С	Art Trek Adventure	111,355	111,355		
d	Educational supplies	57,537	57,537	10 050	4 000
е	All other expenses	146,733	131,479	10,972	4,282
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,370,478	989,188	306,262	75,028
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
D.4.1	following ŠOP 98-2 (ASC 958-720)				Form 990 (2024)
DAA					Form 99 [] (2024)

				(A)		(B)
1				Beginning of year		End of year
1				24,918	1	174,237
2				100.06	2	243,784
3	,			120,967	3	163,834
4				49,365	4	12,481
5	,,,,					
	trustee, key employee, creator or founder, substa		or, or 35%		_	
	controlled entity or family member of any of these				5	
6					_	
	under section 4958(f)(1)), and persons described				6	
7					7	
0					8	0.000
9	1 1 3				9	8,060
10	a Land, buildings, and equipment: cost or other		0 004 000			
	basis. Complete Part VI of Schedule D	10a	3,094,372 942,288	0 100 606		0 150 004
	b Less: accumulated depreciation	10b	942,288	2,198,636		2,152,084
11				1,027,792	11	658,722
12	·				12	
13	, ,	11			13	
14				14		
15	, , , , , , , , , , , , , , , , , , , ,		2 121 272	15		
16	<u> </u>			3,421,678	16	3,413,202
17				45,461	17	73,711
18				18		
19				55,351	19	
20					20	
21					21	
22						
22	trustee, key employee, creator or founder, substa		or, or 35%			
	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrelate		s		23	
24	, ,				24	
25	, , ,					
	parties, and other liabilities not included on lines	17-24). Compl	ete Part X			
	of Schedule D				25	
26	Ÿ			100,812	26	73,711
	Organizations that follow FASB ASC 958, che	ck here X				
	and complete lines 27, 28, 32, and 33.					
27				3,317,357	27	3,315,014
28			<u></u>	3,509	28	24,477
	Organizations that do not follow FASB ASC 9	58, check her				
	and complete lines 29 through 33.					
29					29	
30					30	
31	_	ome, or other	funds		31	
27 28 29 30 31 32				3,320,866	32	3,339,491
33	Total liabilities and net assets/fund balances			3,421,678	33	3,413,202

Form **990** (2024)

Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 32			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,37			
3	Revenue less expenses. Subtract line 2 from line 1	3			17,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, 32			
5	Net unrealized gains (losses) on investments	5		6	52,		
6	Donated services and use of facilities	6			3,		
7	Investment expenses	7			-	51	.5
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	3	,33	39,	<u>49</u>	1
Pa	art XII Financial Statements and Reporting					_	_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. L</u>	
			-		Yes	N	0
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	ζ_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both.						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	ζ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2024)

SCHEDULE A (Form 990)

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.

2024

Open to Public Inspection

Name of the organization

Employer identification number

			CULTURAL CE	NTER OF CAPE CO	D		04-355	3295
Pa	art I	Reas	on for Public Charity	/ Status. (All organization	ons mus	st comp	lete this part.) See instr	ructions.
Γhe	orga		•	use it is: (For lines 1 through 1			•	
1	Ц			ssociation of churches describ			(b)(1)(A)(i).	
2	Ц)(A)(ii). (Attach Schedule E (F		•		
3	Ц			vice organization described in				
4		A medical re	search organization operat	ed in conjunction with a hospi	tal descril	bed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat						
5		_		t of a college or university owr	ned or ope	erated by	a governmental unit describe	ed in
_			(b)(1)(A)(iv). (Complete Pa	*				
6	Н		-	governmental unit described i				
7		•	tion that normally receives a section 170(b)(1)(A)(vi). (a substantial part of its suppor Complete Part II.)	t from a g	jovernme	ental unit or from the general	public
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete F	Part II.)			
9				escribed in section 170(b)(1)(e of agriculture (see instruction				
10	X	An organizat receipts from support from	n activities related to its exe gross investment income a	(1) more than 33 1/3% of its simpt functions, subject to certain unrelated business taxabl 30, 1975. See section 509(a	ain excepte income	tions; and (less sed	d (2) no more than 33 1/3% o ction 511 tax) from businesse	f its
11		-	-	d exclusively to test for public			·	
12	П	•	,	d exclusively for the benefit of	-		. , , ,	purposes of
		one or more	publicly supported organiza	ations described in section 50 escribes the type of supporting	0 9(a)(1) o	r sectior	509(a)(2). See section 509	(a)(3). Check
	а			perated, supervised, or contro				y giving
				ower to regularly appoint or ele		ority of th	e directors or trustees of the	
				complete Part IV, Sections				
	b			supervised or controlled in con				•
				orting organization vested in the Part IV, Sections A and C.		bersons t	nat control of manage the su	pported
	С		• •	supporting organization opera		nnection	with and functionally integra	ted with
	•			structions). You must compl				iod Willi,
	d	that is no	ot functionally integrated. Th	ed. A supporting organization ne organization generally mus	t satisfy a	distribut	ion requirement and an atten	
			,	must complete Part IV, Sec				
	е			eceived a written determination				II
	£		mber of supported organiza	on-functionally integrated supportions	porting or	ganizatio	П.	
	f a			the supported organization(s)				
/i)		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
(.,		anization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

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.)

_							
	ction A. Public Support						
Calei	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	499,671	1,046,638	964,135	567,820	671,148	3,749,412
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				486,221	597,043	1,083,264
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	499,671	1,046,638	964,135	1,054,041	1,268,191	4,832,676
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						4 000 686
Sac	ction B. Total Support						4,832,676
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	499,671	1,046,638	964,135	1,054,041	1,268,191	4,832,676
		133,011	1,040,030	304,133	1,034,041	1,200,131	4,032,070
Tua	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				62,396	54,573	116,969
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				62,396	54,573	116,969
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	499,671	1,046,638	964,135	1,116,437	1,322,764	4,949,645
14	First 5 years. If the Form 990 is for the corganization, check this box and stop he	organization's first,	second, third, for	urth, or fifth tax yea	ar as a section 50)1(c)(3)	
Sec	ction C. Computation of Public S						
15	Public support percentage for 2024 (line			lumn (f))		15	97.64%
16	Public support percentage from 2023 Sc						98.50%
	tion D. Computation of Investm						
17	Investment income percentage for 2024			: 13, column (f))		17	2 %
18	Investment income percentage from 2023		III II: 47			40	1 %
	33 1/3% support tests — 2024. If the or						
b	17 is not more than 33 1/3%, check this 1 33 1/3% support tests — 2023. If the or	-	-			-	
	line 18 is not more than 33 1/3%, check	-					
20	Private foundation. If the organization of		_			-	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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.
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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).
- 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.
- Did one or more disgualified 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.
- 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.
 - 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
4		
1		
2		
3a		
3b		
20		
3c		
4a		
- iu		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
401		
10b chedule A	(Form 9	90) 2024
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	die Al official Control of Child Control			i age e
Pai	t IV Supporting Organizations (continued)			
	, and the second se		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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	ion B. Type I Supporting Organizations			
	r		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions)	
·	The diganization supported a governmental ontity. Become in Part Vinov you supported a governmental ontity (see in	Γ	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
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 each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	_4		
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	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990) 2024

CULTURAL CENTER OF CAPE COD

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 2	0, 1970 (<i>explain in Par</i>	t VI). See
instructions. All other Type III non-functionally integrated supporting organization	ns must co	mplete Sections A thro	<u>. </u>
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integral	arated Type	e III supporting organiza	ation

Schedule A (Form 990) 2024

(see instructions).

	t V Type III Non-Functionally Integrated 509(a)(3		izations (continu	ed)	<u> </u>
Sect	ion D – Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt pur		1		
2	Amounts paid to perform activity that directly furthers exempt purpo				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2024	ıs	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
	Excess from 2024				
-	LAUGUU II OIII 2027				

Schedule A (Form 990) 2024

Schedule A (For	rm 990) 2024	CULTURAL	CENTER	OF	CAPE	COD	04	<u>-3553295</u>		Page 8
Part VI	Supplemental Inf III, line 12; Part IV B, lines 1 and 2; P 3a, and 3b; Part V Section E, lines 2,	ormation. Provious , Section A, linest art IV, Section C , line 1; Part V, S	de the expla s 1, 2, 3b, 3 s, line 1; Pa Section B, li	anatio c, 4b, rt IV, ne 1e	ns requ 4c, 5a, Section e; Part V	iired by F 6, 9a, 9t D, lines ′, Sectior	Part II, line 10 o, 9c, 11a, 11 2 and 3; Part o D, lines 5, 6	; Part II, line b, and 11c; F IV, Section E , and 8; and	17a or 1 Part IV, E, lines Part V,	17b; Part Section
	Occilon L, lines 2,	5, and 6. Also c	ompicie im	s part	ioi airy	addition	ai iiiioiiiiatioi	i. (OCC IIIStia	ctions.)	

DAA Schedule A (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024)
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 Employer identification number CULTURAL CENTER OF CAPE COD 04-3553295 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Pa	rt III Organizations Maintaini	ng Collections	of Art, Historica	l Treasures	, or Other S	imila	r Ass	ets (c	ontin	ued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other rec	ords, check any of the	e following that	make significa	nt use	of its			
а	Public exhibition	d 🗌	Loan or exchange pr							
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and exp	lain how they further	the organizatio	n's exempt pur	pose ir	า Part			
_	XIII.									
5	During the year, did the organization solici									1
Da	assets to be sold to raise funds rather that		as part of the organiza	ation's collectio	n?			Ye)S	No
1 6	Complete if the organizati 990, Part X, line 21.	_	es" on Form 990	, Part IV, line	e 9, or repor	ted a	n amoi	unt or	ı For	m
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?		nediary for contributio					☐ Ye	es 🗆	No
b	If "Yes," explain the arrangement in Part X									,
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount or							Ye	_	No
	If "Yes," explain the arrangement in Part X If "Yes," explain the arrangement in Part X If "Yes," explain the arrangement in Part X	III. Check here if the	e explanation has bee	en provided in I	Part XIII		<u></u>	<u> </u>		
Г	rt V Endowment Funds Complete if the organizati	on answered "V	es" on Form 990	Part IV line	- 10					
	Complete if the organizati	(a) Current year	(b) Prior year	(c) Two years	i i	ree years	back	(e) Fou	r vears	back
1a	Beginning of year balance	(4, 5 , 5	(2)	(4, 1112, 12112	(2, 111	,		(-,	,	
	Contributions									
	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	•	ance (line 1g, column	(a)) held as:						
	Board designated or quasi-endowment									
	Permanent endowment % Term endowment %									
C	Term endowment % The percentages on lines 2a, 2b, and 2c s	should agual 100%								
3a	Are there endowment funds not in the pos		nization that are held	and administer	ed for the					
ou	organization by:	session of the organ	mization that are neig	and administer	ca for the			ľ	Yes	No
	(2) 11 1 (1							3a(i)	100	
	(ii) Polated ergenizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as re	quired on Schedule F	₹?				3b		
4	Describe in Part XIII the intended uses of									
Pa	ert VI Land, Buildings, and Eq									
	Complete if the organizati	<u>on</u> answered "Y	es" on Form 990	<u>, Part IV, line</u>	e 11a. See F	orm !	<u>990, P</u>	art X,	line	10.
	Description of property	(a) Cost or other	, ,		(c) Accumulate	ed		(d) Book	value	
		(investment	,		depreciation					200
1a	Land			20,000	740	200	+		20,0	
b	Buildings	.	2,6	29,179	749	, 308	5	1,87	9,8	3 / L
	Leasehold improvements			4E 102	100	000	+		2 (212
е	Equipment Other			45,193	192	, 98(52,2	
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990,	Part X, line 10c, colur	nn (B))				2,15	<u>, 2</u>	<u>)84</u>

Schedule D ((Form 990) (Rev. 12-202 QULTURAL CENTER OF	CAPE COD	04-3553295	Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" of	n Form 990, Part IV	/, line 11b. See Form 990, Pa	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market	value
(1) Financial				
	neld equity interests			
(F)				
(C)				
(H)				
Total. (Colur	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	<u> </u>			
	Complete if the organization answered "Yes" of	n Form 990, Part IV	/, line 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" of	n Form 990, Part IV	1	
	(a) Description			(b) Book value
(1)				
(2)				
(3)			<u> </u>	
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" of	n Form 990, Part IV	/, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 25, col. (B))			
	or uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization	on's financial statements that report	s the
-	s liability for uncertain tax positions under FASB ASC 740. C	_		
			•	

U	4	_	3	5	5	3	2	Q	5

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,389,103 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 62,744 **b** Donated services and use of facilities 3,600 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 66,344 e Add lines 2a through 2d 2e 1,322,759 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b 515 c Add lines 4a and 4b 323,274 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,370,478 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 c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 1,370,478 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1,370,478 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D ((Form 990) (Re	ev. 12 - 202 4)UL	TURAL C	ENTER OF	F CAPE	COD	04-355	3295	Page 5
Part XIII	Supplem	ev. 12-202 ©)UL ental Inform	ation (conti	nued)					
			(00000						

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

CULTURAL CENTER OF CAPE COD

04-3553295

Form 990, Part III, Line 4a - First Accomplishment The Cultural Center of Cape Cod is a year-round, inclusive arts and cultural hub in Massachusetts with two campuses. The Bass River Arts Campus includes five galleries, resident artist studios, a performance hall, culinary arts center, recording studio, ceramic studios, makerspace, and classrooms. The Hyannis campus is home to the Art Barn, an interactive children's art museum opening in 2025 that will offer hands-on art and design experiences for ages 4-10, with youth-curated exhibitions on a monthly rotation.

In 2024, the Center presented 28 art exhibitions, showcased hundreds of artists, and offered 786 hands-on classes for all ages. We hosted 65 concerts featuring 314 performers, with 47% headlined by women and 19% by BIPOC artists. Over 2,000 volunteer hours supported exhibitions, concerts, and educational programs, and \$207,000 was injected into the creative economy through payments to artists and performers. The Rise and Shine program continued to provide tailored arts access for youth, seniors, people with special needs, those experiencing homelessness, and people in

This is a period of significant growth, with new facilities, expanded programming, and major initiatives underway. To support these projects and sustain operations during expansion, funds from prior-year reserves were allocated to current-year operations. We continue to invest in the historical integrity of our spaces and in campus-wide accessibility improvements, with a major column restoration project scheduled for 2025. The Center remains committed to accessibility, thousands of free or discounted programs are offered annually through scholarships, and grants.

Form 990, Part VI, Line 7a - Election of Members and Their Rights EVERY YEAR MEMBERS VOTE TO ELECT THE BOARD OF TRUSTEES AND OFFICERS AT ORGANIZATION'S ANNUAL MEETING.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members EVERY YEAR MEMBERS VOTE TO ELECT THE BOARD OF TRUSTEES AND OFFICERS AT THE ORGANIZATION'S ANNUAL MEETING. ANY CHANGES TO THE ORGANIZATION'S BY-LAWS ARE ALSO VOTED ON BY THE ORGANIZATION'S MEMBERS AT THE ANNUAL MEETING.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. THE FORM, INCLUDING ALL SCHEDULES, IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD'S FINANCE COMMITTEE. REVISIONS ARE MADE AS NECESSARY.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS. CONFLICTS ARE EVALUATED AS THEY ARISE. WHEN NECESSARY, A BOARD VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION.

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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OMB No. 1545-0047

Open to Public Inspection

CULTURAL CENTER OF CAPE COD

04-3553295

Employer identification number

Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPENSATION OF TOP MANAGEMENT OFFICIALS IS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF TRUSTEES.

Form 990, Part VI, Line 15b - Compensation Process for Officers COMPENSATION OF KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF TRUSTEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE AT THE OFFICE OF THE SECRETARY OF STATE OF THE COMMONWEALTH OF MASSACHUSETTS. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO MASSACHUSETTS FORM PC FILED EVERY YEAR WITH ATTORNEY GENERAL OF THE COMMONWEALTH OF MASSACHUSETTS AND ARE AVAILABLE FOR PUBLIC INSPECTION AT THAT OFFICE. THE ORGANIZATION DOES NOT MAKE ITS BY-LAWS OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC.

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

		Service	Mgt	& General	Fui	ndraising
Exhibit expense	es					
\$		42,426	\$	0	\$	0
Catering						
\$		27,676	\$	1,178	\$	589
Software service	ces					
\$		22,404	\$	2,636	\$	1,318
Bank and credit	t card	fees				
\$		17,622	\$	2,073	\$	1,037
Dues & subscrip	otions					
\$		12,527	\$	1,474	\$	737
Employee relat:	ions					
\$		7,824	\$	3,611	\$	601
Scholarships						
\$		1,000	\$	0	\$	0
Total						
\$	1	31,479	\$	10,972	\$	4,282