

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit
trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public
Inspection

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable

☐ Change of address☐ Change of name☐ Initial return☐ Final return☐ Amended returnPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tionsC
SAN LUIS OBISPO LITTLE THEATRE
PO BOX 122
SAN LUIS OBISPO, CA 93406

D Employer identification number

95-2556678

E Telephone number

805-541-5338

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527 OR ☐ 4947(a)(1)● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must
attach a completed Schedule A (Form 990 or 990-EZ)J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶K Check here ☐ if the organization's gross receipts are normally not more than \$25,000The organization need not file a return with the IRS, but if the organization received a
Form 990 Package in the mail, it should file a return without financial data

Some states require a complete return

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(if "No," attach a list See instructions)

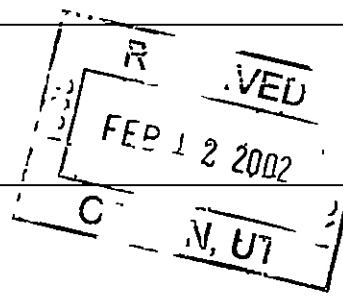
H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required
to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	43,359		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	6,625		
d	Total (add lines 1a through 1c) (cash \$ 49,984 noncash \$)	1d		49,984	
2	Program service revenue including government fees and contracts (from Part VII line 93)	2		125,714	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		146	
6a	Gross rents	6a	2,670		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,670	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule)	8d			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	23,389		
b	Less direct expenses other than fundraising expenses	9b	9,505		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		13,884	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		192,398	
13	Program services (from line 44, column (B))	13		119,209	
14	Management and general (from line 44, column (C))	14		35,705	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		154,914	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		37,484	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		122,159	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		159,643	



Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 30,000	15,000	15,000	
26 Other salaries and wages	26 6,012	3,006	3,006	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 3,154	1,577	1,577	
30 Professional fundraising fees	30			
31 Accounting fees	31 1,162	581	581	
32 Legal fees	32			
33 Supplies	33 8,351	4,176	4,175	
34 Telephone	34 3,839	1,920	1,919	
35 Postage and shipping	35 510	255	255	
36 Occupancy	36 3,407	1,704	1,703	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 659	330	329	
39 Travel	39			
40 Conferences, conventions, and meetings	40 1,486	743	743	
41 Interest	41 14	7	7	
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses (itemize) a <u>Statement 2</u>	43a 96,320	89,910	6,410	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 154,914	119,209	35,705	0

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?► ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III **Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)What is the organization's primary exempt purpose? ► THEATRICAL PRODUCTION/EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a <u>PRODUCED SEVERAL THEATRICAL PRODUCTIONS WHICH PROVIDED PARTICIPATION AND EDUCATIONAL EXPERIENCES FOR OVER 500 COUNTY RESIDENTS AND 9,000 PATRONS.</u>	(Grants and allocations \$ 0)	119,209
b _____	(Grants and allocations \$)	
c _____	(Grants and allocations \$)	
d _____	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		119,209

Part IV Balance Sheets (See Specific Instructions on page 23)

Note Where required, attached schedules and amounts within the description column should be for end-of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash non-interest-bearing	49,084	45	70,958
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	19,115		
	b Less allowance for doubtful accounts		47c	19,115
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) Statement 3 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	4,237	54	14,360
	55a Investments land, buildings, and equipment basis	58,765		
	b Less accumulated depreciation (attach schedule) Stmt 4		55c	58,765
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		57c		
58 Other assets (describe <input checked="" type="checkbox"/> See Statement 5)	3,203	58	9,030	
59 Total assets (add lines 45 through 58) (must equal line 74)	132,217	59	172,228	
LIABILITIES	60 Accounts payable and accrued expenses	9,460	60	7,934
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input checked="" type="checkbox"/> See Statement 6)	598	65	4,651
66 Total liabilities (add lines 60 through 65)	10,058	66	12,585	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	51,490	67	64,471
	68 Temporarily restricted	70,669	68	95,172
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	122,159	73	159,643
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	132,217	74	172,228

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 26)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter			
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
d	Enter Amount of tax in 89c, above, reimbursed by the organization		0	
90 a	List the states with which a copy of this return is filed <u>None</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	0	
91	The books are in care of <u>PETER R. GUERNSEY</u> Telephone no <u>805-541-5338</u> Located at <u>PO BOX 122, SAN LUIS OBISPO, CA</u> ZIP code <u>93406</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PRODUCTION TICKETS			2	125,714	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities				146	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property	531120	2,670			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					13,884
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,670		125,860	13,884
105 Total (add line 104, columns (B), (D), and (E))					142,414

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 2/6/02 PETER R GUERNSEY
Treasurer
Type or print name and title

Date _____ Check ☐ Preparer's SSN or PTIN _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2000

SAN LUIS OBISPO LITTLE THEATRE

Employer identification number

95-2556678

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ►		0		

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ►		0

Part III Statements About Activities

- | | | Yes | No |
|---|-----------|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>N/A</u>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | 1 | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? | | | |
| a Sale, exchange, or leasing of property? | 2a | | X |
| b Lending of money or other extension of credit? | 2b | | X |
| c Furnishing of goods, services, or facilities? | 2c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | X |
| e Transfer of any part of its income or assets?
If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | 2e | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | 4a | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	12,590	17,150	14,171	25,094	69,005
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	91,160	117,549	103,476	118,318	430,503
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,605	1,773	1,343	1,380	6,101
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	105,355	136,472	118,990	144,792	505,609
24 Line 23 minus line 17	14,195	18,923	15,514	26,474	75,106
25 Enter 1% of line 23	1,054	1,365	1,190	1,448	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 ▶ 26a 1,502 b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶ 26b c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶ 26c 75,106 d Add: Amounts from column (e) for lines 18 6,101 19 ▶ 26d 6,101 22 ▶ 26e 69,005 e Public support (line 26c minus line 26d total) ▶ 26f 91.88% f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A (1999) (1998) (1997) (1996) b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1999) (1998) (1997) (1996) c Add: Amounts from column (e) for lines 15 16 17 20 21 ▶ 27c d Add: Line 27a total and line 27b total ▶ 27d e Public support (line 27c total minus line 27d total) ▶ 27e f Total support for section 509(a)(2) test. Enter amount on line 23, column (e). ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h %				

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V**Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
- If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

	Yes	No
29		

30		
-----------	--	--

31		
-----------	--	--

- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

32a		
------------	--	--

32b		
------------	--	--

32c		
------------	--	--

32d		
------------	--	--

- 33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

33a		
------------	--	--

33b		
------------	--	--

33c		
------------	--	--

33d		
------------	--	--

33e		
------------	--	--

33f		
------------	--	--

33g		
------------	--	--

33h		
------------	--	--

- 34a** Does the organization receive any financial aid or assistance from a governmental agency?

- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either 34a or b, please explain using an attached statement

34a		
------------	--	--

34b		
------------	--	--

- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35		
-----------	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

N/A

Check here ☐ a if the organization belongs to an affiliated groupCheck here ☐ b if you checked "a" above and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

**Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)**

Name of organization

SAN LUIS OBISPO LITTLE THEATRE

Employer identification number

95-2556678

Organization type (check one) - Section

☒ 501(c)(3) ◀ (enter number)

☐ 527 or

☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below)



Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization

Employer identification number

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>5,585</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>8,785</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events:

- A)
 B)
 C)
 Other

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 23,389			0	23,389
Less: Contributions	0			0	0
Gross Revenue	23,389			0	23,389
Less: Direct Expenses	9,505			0	9,505
Net Income (Loss)	\$ 13,884			0	13,884

Statement 2
Form 990, Part II, Line 43
Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	\$ 1,630	1,630		
BANK CHARGES	2,541	2,541		
CONTRACT LABOR	24,000	24,000		
DUES & SUBSCRIPTIONS	479	240	239	
INSURANCE	5,726	2,863	2,863	
MISC	1,063	532	531	
NEWLETTER & BROCHURE	5,002	2,501	2,501	
PRODUCTION EXPENSE	55,327	55,327		
TAXES-OTHER	102	51	51	
TRAINING	450	225	225	
Total	\$ 96,320	89,910	6,410	0

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Statement 3
Form 990, Part IV, Line 54
Investments - Securities

Other Securities	Valuation Method	Amount	Total
MUTUAL FUNDS	Cost	\$ 14,360	
			\$ 14,360
	Total		<u>\$ 14,360</u>

Statement 4
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Asset	Basis	Accum Deprec.	Book Value
Machinery and equipment	\$ 58,765	0	58,765
Total	<u>\$ 58,765</u>	<u>0</u>	<u>58,765</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

	Ending
INSURANCE DEPOSIT	\$ 1,121
PREPAID EXPENSES AND DEFERRED CHARGES	7,909
Total	<u>\$ 9,030</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

	Ending
PAYROLL TAXES PAYABLE	\$ 871
PREPAID INCOME	3,530
SECURITY DEPOSITS PAYABLE	250
Total	<u>\$ 4,651</u>

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg Hrs/wk devoted	Comp	Employee Ben. Pln Contrib.	Expense Account/ Other
MARILYN BLAKE 113 HIGHLAND DRIVE SAN LUIS OBISPO, CA 93405	President 5	\$ 0	0	0
DONNA SELLERS 1521 VINE STREET PASO ROBLES, CA 93446	Vice President 5	0	0	0
COLLETTE HILLIER 690 PASEO STREET ARROYO GRANDE, CA 93420	Secretary 2	0	0	0
PETER GUERNSEY 2250 KING STREET, #20 SAN LUIS OBISPO, CA 93401	Treasurer 10	0	0	0
NIC GAUDIUSO PO BOX 4314 SAN LUIS OBISPO, CA 93406	Director 5	0	0	0
KIM TULLEDGE 5966 BIRKDALE LANE SAN LUIS OBISPO, CA 93401	Director 5	0	0	0
TERRI PALACIOS 829 E JONES ST, #3 SANTA MARIA, CA 93454	Director 2	0	0	0
DIANE SPEER 1265 OCEANAIRE DRIVE SAN LUIS OBISPO, CA 93405	Director 3	0	0	0
SUSAN FULTON 141 SEAVIEW SHELL BEACH, CA 93449	Director 3	0	0	0
LINDA WILSON 1253 SAWLEAF STREET SAN LUIS OBISPO, CA 93401	Executive Direc 40	30,000	0	0
Total		\$ 30,000	0	0

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

Stmnt. of Functional Expenses (990)
Occupancy

RENT	\$	267
REPAIRS & MAINTENANCE		3,140
		Total	<u>\$ 3,407</u>

Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or
print
File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

SAN LUIS OBISPO LITTLE THEATRE

Employer Identification Number

95-2556678

Number, Street, and Room or Suite Number. If a P.O. Box, see instructions

PO BOX 122

City, Town, or Post Office. For a foreign address, see instructions

State ZIP Code

SAN LUIS OBISPO, CA 93406

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 _____ or

► ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 01

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ _____ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ _____ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

[Signature]

Title

Enrolled Agent

Date

11/11/2001

KFA For Paperwork Reduction Act Notice, see instructions

Form **8868** (12-2000)

COPY