

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tionsSAN LUIS OBISPO LITTLE THEATRE
P.O. BOX 122
SAN LUIS OBISPO, CA 93406

D Employer Identification Number

95-2556678

E Telephone number

805-781-3889

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return 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 Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ SLOLITTLETHEATRE.ORG

J Organization type (check only one)

☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 289,624.

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1 a 35,807.

b Indirect public support

1 b

c Government contributions (grants)

1 c 2,250.

d Total (add lines 1a through 1c) (cash \$ 38,057. noncash \$)

1 d 38,057.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 181,043.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 1,045.

5 Dividends and interest from securities

5

6a Gross rents

6 a

b Less rental expenses

6 b

c Net rental income or (loss) (subtract line 6b from line 6a)

6 c

7 Other investment income (describe) ▶

SEE STATEMENT 1)

7 1,767.

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8 a

b Less cost or other basis and sales expenses

8 b

c Gain or (loss) (attach schedule)

8 c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8 d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (including \$ of contributions reported on line 1a)

9 a 67,712.

b Less direct expenses other than fundraising expenses

9 b 25,990.

c Net income or (loss) from special events (subtract line 9b from line 9a)

STATEMENT 2

9 c 41,722.

10a Gross sales of inventory, less returns and allowances

10 a

b Less cost of goods sold

10 b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10 c

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)

12 263,634.

13 Program services (from line 44, column (B))

13 199,217.

14 Management and general (from line 44, column (C))

14 85,109.

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))

17 284,326.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -20,692.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 156,661.

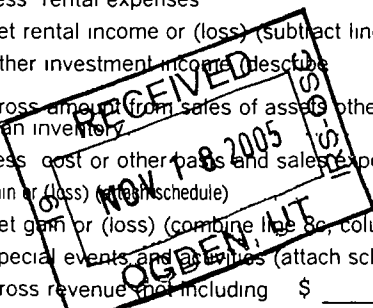
20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 135,969.

SCANNED DEC 19 2005



18

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.

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	42,354.	21,177.	21,177.	
26	Other salaries and wages	26	55,699.	27,850.	27,849.	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	9,320.	4,660.	4,660.	
30	Professional fundraising fees	30				
31	Accounting fees	31	672.	336.	336.	
32	Legal fees	32				
33	Supplies	33	652.	326.	326.	
34	Telephone	34	2,901.	1,451.	1,450.	
35	Postage and shipping	35	1,336.	668.	668.	
36	Occupancy	36	1,799.	900.	899.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	8,247.	4,124.	4,123.	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	1,194.	597.	597.	
42	Depreciation, depletion, etc (attach schedule)	42	2,489.	1,245.	1,244.	
43	Other expenses not covered above (itemize)					
a	SEE STATEMENT 3	43a	157,663.	135,883.	21,780.	
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	284,326.	199,217.	85,109.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 AccomplishmentsWhat is the organization's primary exempt purpose? THEATRICAL PRODUCTION AND 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

a	PRODUCED SEVERAL THEATRICAL PRODUCTIONS WHICH PROVIDED PARTICIPATION AND EDUCATIONAL EXPERIENCES FOR OVER 500 COUNTY RESIDENTS AND 9,000 PATRONS.	(Grants and allocations \$ _____)	199,217.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		199,217.

Part IV Balance Sheets (See Instructions)**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	58,246.	45	77,220.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 19,115.		
	b Less allowance for doubtful accounts	48b	48c	19,115.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,908.	53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 22,607.	54	25,296.
	55a Investments — land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 71,210.			
b Less accumulated depreciation (attach schedule) STATEMENT 4	57b 7,820.	65,879.	57c	63,390.
58 Other assets (describe ►)	1,134.	58		
59 Total assets (add lines 45 through 58) (must equal line 74)	175,889.	59	185,021.	
LIABILITIES	60 Accounts payable and accrued expenses	3,359.	60	10,505.
	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 ► SEE STATEMENT 5)	15,869.	65	38,547.
	66 Total liabilities (add lines 60 through 65)	19,228.	66	49,052.
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	65,961.	67	42,540.
	68 Temporarily restricted	90,700.	68	93,429.
	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, column (B) must equal line 21)	156,661.	73	135,969.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	175,889.	74	185,021.

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.

BAA

Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				
		42,354.	2,200.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions

Yes

☒ No

Part VI Other Information (See instructions)

	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80a 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82a 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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	85b	N/A
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 on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 301.7701-3? If 'Yes,' complete Part IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a 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	<input checked="" type="checkbox"/>
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 on line 89c, above, reimbursed by the organization		0.
90a List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b Number of employees employed in the pay period that includes March 12, 2004. (See instructions.)	90b	3
91 The books are in care of <u>DONNA SELLARS</u> Telephone number <u>805-781-3889</u> Located at <u>P.O. BOX 122 SAN LUIS OBISPO, CA</u> ZIP + 4 <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	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)**Note:** 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 THEATRICAL PROD./ED.					181,043.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,045.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			18	1,767.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	41,722.	
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))				44,534.	181,043.
105 Total (add line 104, columns (B), (D), and (E))					225,577.

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 instructions)

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)
93A	EXEMPT INCOME FROM PRODUCTIONS/SHOWS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(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	%			
	%			
	%			
	%			

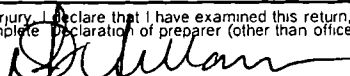
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: A "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 correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please



Date

11/14/05

Executive Director

Date

Check if

Preparer's SSN or PTIN (See General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2004

Name of the organization

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 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 and 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 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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**Schedule A (Form 990 or 990-EZ) 2004**

Part III Statements About Activities (See instructions)

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 ▶ \$ N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

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?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See 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)
- 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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	36,506.	31,304.	14,778.	49,984.	132,572.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	249,825.	207,310.	167,469.	125,714.	750,318.
18 Gross income from interest, dividends, amounts received from payments on securities loans (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	548.	1,602.	1,492.	146.	3,788.
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 schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 7	6,551.	3,812.			10,363.
23 Total of lines 15 through 22	293,430.	244,028.	183,739.	175,844.	897,041.
24 Line 23 minus line 17	43,605.	36,718.	16,270.	50,130.	146,723.
25 Enter 1% of line 23	2,934.	2,440.	1,837.	1,758.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	2,934.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	146,723.
d Add: Amounts from column (e) for lines 18 3,788. 19 _____		26d	14,151.
22 10,363. 26b _____		26e	132,572.
e Public support (line 26c minus line 26d total)		26f	90.36 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12: N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____	
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 from 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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

		N/A	
		Yes	No
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) ----- ----- -----		
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) ----- -----		
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) ----- ----- -----		
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		
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		

N/A

(b)
To be completed
for ALL electing
organizations

N/A

[illegible]

Schedule A (Form 990 or 990-EZ) 2004

2004

FEDERAL STATEMENTS

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CLIENT 8094

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

11/03/05

10 49AM

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

UNREALIZED GAIN ON INV.

	\$	1,767.
TOTAL	\$	<u>1,767.</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
JOHNNY CASH LEGENDS	41,282.	0.	41,282.	13,269.	28,013.
GALA BALL	26,430.	0.	26,430.	12,721.	13,709.
TOTAL	<u>\$ 67,712.</u>	<u>\$ 0.</u>	<u>\$ 67,712.</u>	<u>\$ 25,990.</u>	<u>\$ 41,722.</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACT EXPENSES	30,222.	30,222.		
ADVERTISING	2,704.	2,704.		
BANK CHARGES	5,673.	2,837.	2,836.	
BOX OFFICE EXPENSES	1,260.	1,260.		
DUES AND SUBSCRIPTIONS	947.	474.	473.	
INSURANCE	15,435.	7,718.	7,717.	
JANITORIAL	2,863.	1,432.	1,431.	
MEETINGS	955.	478.	477.	
MISCELLANEOUS	797.	399.	398.	
NEWSLETTER	1,288.	644.	644.	
OFFICE EXPENSE	10,549.	5,275.	5,274.	
PERFORMANCE SUPPLIES	2,368.	2,368.		
PRODUCTION EXPENSES	41,322.	41,322.		
PY PRODUCTION EXP	29,475.	29,475.		
SHOW PROGRAMS	3,765.	3,765.		
THEATER MAINTENANCE	2,978.	2,978.		
THEATER MANAGEMENT	932.	466.	466.	
UTILITIES	3,351.	1,676.	1,675.	
WEBSITE/INTERNET	779.	390.	389.	
TOTAL	<u>\$ 157,663.</u>	<u>\$ 135,883.</u>	<u>\$ 21,780.</u>	<u>\$ 0.</u>

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SAN LUIS OBISPO LITTLE THEATRE

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STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 66,210.	\$ 5,153.	\$ 61,057.
IMPROVEMENTS	5,000.	2,667.	2,333.
TOTAL	<u>\$ 71,210.</u>	<u>\$ 7,820.</u>	<u>\$ 63,390.</u>

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DEFERRED REVENUE	\$ 9,581.
LINE OF CREDIT	27,653.
PAYROLL TAXES PAYABLE	1,313.
TOTAL	<u>\$ 38,547.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILDA ROSENE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	PRESIDENT-ELECT AS NEEDED	\$ 0.	\$ 0.	\$ 0.
KRISTY WILSON P.O. BOX 122 SAN LUIS OBISPO, CA 93406	PAST PRESIDENT AS NEEDED	0.	0.	0.
MIKE KEE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	PRESIDENT AS NEEDED	0.	0.	0.
MARY MESERVE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	DEV. DIRECTOR 40 HRS/WK	30,687.	2,200.	0.
LARRY BARNES P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
ERIN OGREN P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.

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FEDERAL STATEMENTS

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SAN LUIS OBISPO LITTLE THEATRE

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STATEMENT 6 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE BELASCO P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	\$ 0.	\$ 0.	\$ 0.
SUSAN DUMELLE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	SECRETARY/TREAS AS NEEDED	0.	0.	0.
MARILYN BLAKE P.O. BOX 122 SAN LUIS OBISPO, CA 93406	VICE PRESIDENT AS NEEDED	0.	0.	0.
JACK HARDY P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
MARY OLSON P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
DOTTIE THOMPSON P.O. BOX 122 SAN LUIS OBISPO, CA 93406	MEMBER AS NEEDED	0.	0.	0.
LARRY RUTTER P.O. BOX 122 SAN LUIS OBISPO, CA 93406	EXECUTIVE DIREC 40 HRS/WK	11,667.	0.	0.
TOTAL		\$ 42,354.	\$ 2,200.	\$ 0.

STATEMENT 7

SCHEDULE A, PART IV-A, LINE 22

OTHER INCOME

DESCRIPTION	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
UNREALIZED GAIN ON INVESTMENT	\$ 6,551.	\$ 3,812.	\$ 0.	\$ 0.	\$ 10,363.
TOTAL	\$ 6,551.	\$ 3,812.	\$ 0.	\$ 0.	\$ 10,363.

6/30/05

2004 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 8094

SAN LUIS OBISPO LITTLE THEATRE

95-2556678

11/03/05

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCL.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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FORM 990/990-PF

IMPROVEMENTS

5	CARPETING	10/17/02		5,000							5,000	1,667	S/L	5		1,000
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TOTAL IMPROVEMENTS

				5,000							5,000	1,667				1,000
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MACHINERY AND EQUIPMENT

1	EQUIPMENT	VARIOUS		58,765							58,765					0
2	COMPUTER-BOX OFFICE	7/25/01		1,005							1,005	586	S/L	5		201
3	SOFTWARE-BOX OFFICE	7/27/01		3,126							3,126	1,823	S/L	5		625
4	IMAC COMPUTER	4/30/02		600							600	260	S/L	5		120
6	SOUND SYSTEM	8/30/02		2,714							2,714	995	S/L	5		543

TOTAL MACHINERY AND EQUIPME

				66,210		0	0	0	0	0	66,210	3,664				1,489
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TOTAL DEPRECIATION

				71,210		0	0	0	0	0	71,210	5,331				2,489
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GRAND TOTAL DEPRECIATION

				71,210		0	0	0	0	0	71,210	5,331				2,489
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