DLN: 93493013028794

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

, 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable SAN LUIS OBISPO LITTLE THEATRE Address change 95-2556678 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 122 Terminated (805) 781-3889 Amended return City or town, state or country, and ZIP + 4 SAN LUIS OBISPO, CA 93406 Application pending G Gross receipts \$ 401,993 Name and address of principal officer Is this a group return for KEVIN HARRIS ┌ Yes 🗸 No affiliates? PO BOX 122 SAN LUIS OBISPO, CA 93406 **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ Website: ► SLOLITTLETHEATRE ORG L Year of formation 1952 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities THEATRICAL PRODUCTION AND EDUCATION Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 7 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 325 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 71,046 69.015 304,396 315,942 Program service revenue (Part VIII, line 2g) . . 12,157 7.343 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,767 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 382,785 400,881 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 150,199 **Expenses** 158,207 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 89,281$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 231,167 245,524 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 389,374 395,723 18 19 Revenue less expenses Subtract line 18 from line 12 -6,589 5,158 t Assets or id Balances **Beginning of Current End of Year** 560,863 20 Total assets (Part X, line 16) . 531,870 21 119,647 Total liabilities (Part X, line 26) . . 110,241 22 Net assets or fund balances Subtract line 21 from line 20 421,629 441,216 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-01-13 Signature of office Sign Here KEVIN HARRIS Executive Direct

Preparer's signature

Firm's name CINDRICH & COMPANY

SAN LUIS OBISPO, CA 934013316

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address > 1368 MARSH ST

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name KRISTJAN J CINDRICH CPA

Check

self-employed

Phone no (805) 543-5800

Firm's EIN

P00044432

✓ Yes ☐ No

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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	Yes	
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		No
C	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo			
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		No			
d							
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı					
		28a		No			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
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	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				

rell	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Νo
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			110
u	Ti res, indicate the number of forms 5252 med during the year.	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
c	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI	

5 e	ection A. Governing Body and Management							
			Yes	No				
1 a	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 in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod Yes	e.) No				
	Did the organization have local chapters, branches, or affiliates?	evenu 10a						
10a				No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No No				

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization ►KEVIN D HARRIS PO BOX 122 SAN LUIS OBISPO, CA (805)781-3889

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) WILDA ROSENE	2 00	×		х				0	0	C
Secretary	0 00	^		Ĺ				Ŭ	O	
(2) DANIEL FREEMAN	2 00	×						0	0	(
MEMBER	0 00							Ü		
(3) MICHAEL SIMKINS	2 00	l x		×				0	0	(
President	0 00							_		
(4) GINA KIRK	2 00	l x		×				0	0	(
Vice President	0 00									
(5) BRYCE ENGSTROM	2 00	l x		×				0	0	(
PRESIDENT ELECT	0 00									
(6) MEGAN FOX	2 00	l x						0	0	(
MEMBER	0 00									
(7) JERRY CHIRPICH	2 00	l x		×				0	0	(
Treasurer	0 00									
(8) RICHARD LUCKETT	2 00	l x						0	0	(
MEMBER	0 00									
(9) BOB PETERSON	2 00	l x						0	0	(
MEMBER	0 00									
(10) KEVIN HARRIS	40 00			х				48,269	0	3,114
Executive Direc	0 00									
		 								
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	/=>	(B)	(0)					(E)	\top	/= `				
	(A) Name and Title	(B) Average		tion (heck		(D Repor	table	(E) Reportable		(F) Estima	ted
		hours per week (list		n is	both	anc	officer		compen from	the	compensation from related		mount of compens	I
		any hours for related		3/1000 MISC) 3/1000 MISC		organizations (W 2/1099-MISC)		from t rganızatı						
		organizations below	Individual trustee or director	n st	Office	天 ₉ ,	Highest compensated employee	Former	_,	,	_,,		relate organiza	ed
		dotted line)	8 2 2 2 3	Institutional Trustee	₽	employee	9 % 1 % 1 %	ĕ					organiza	LIOIIS
			P E	181		lo yea	m yan							
			<u> </u>	Tust.		u .)ens							
				£			B							
						-						+		
												_		
												_		
												_		
1b	Sub-Total				•							_		
c d	Total from continuation sheet Total (add lines 1b and 1c) .			`	٠.	•				48,269		+		3,114
2	Total number of individuals (in			to the	ose	lıste	d abov	e) wh	l ho receive					
	\$100,000 of reportable compe	ensation from th	e organ	ızatıd	on ► ()								
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S								or highes	t compen	sated employee	_		
4	For any individual listed on line								d other cor	nnensatu	on from the	3		No_
•	organization and related organ													
5	Individual	2 receive or ser	rue co	 mnor	• c > + ·	• on fr			elated ora	• • •	or individual for	4		No
3	Did any person listed on line 1 services rendered to the organ									• • •		5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tay yosr	
		(A)	-	acivil	101	ine C	arenda	ar ye	ar enuling		(B)	10115	(C)
	N	lame and business	address							Des	cription of services	_+	Compen	isation
												1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	/##1	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
		Check if Schedule O contains a response to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514					
10	1a	Federated campaigns 1a									
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b									
9 E	c	Fundraising events 1c									
ğΨ	d	Related organizations 1d									
Gif ila											
ns,	е	Government grants (contributions) 1e									
ê a	f	All other contributions, gifts, grants, and 1f 69,015 similar amounts not included above									
tributic Other	g	Noncash contributions included in lines 6,000									
Conti and (1a-1f \$	69,015								
<u>ة ت</u>	h	Total. Add lines 1a-1f	09,013								
ë	_	Business Code									
Program Serwce Revenue	2a	THEATRICAL PRODUCTIONS 711110	282,565	282,565							
윤	Ь	EDUCATION 611600	33,377	33,377							
¥ Ge	С										
Š	d										
an E	e										
٥	f	All other program service revenue									
	g	Total. Add lines 2a-2f	315,942								
	3	Investment income (including dividends, interest, and other similar amounts)	11,989			11,98					
	4	Income from investment of tax-exempt bond proceeds	0								
	5	Royalties	0								
		(ı) Real (ıı) Personal									
	6a	Gross rents									
	Ь	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss)	0								
		(ı) Securities (ii) Other									
	7a	Gross amount from sales of assets other than property									
	ь	than inventory Less cost or									
		other basis and sales expenses 1,112									
	С	Gain or (loss) 168									
	d	Net gain or (loss)	168	168							
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18									
<u>.</u>		a 3,767									
ŧ	Ь	Less direct expenses b									
0	C	Net income or (loss) from fundraising events	3,767			3,76					
	9a	Gross income from gaming activities See Part IV, line 19									
	ь	Less direct expenses b									
	С	Net income or (loss) from gaming activities	0								
	10a	Gross sales of inventory, less returns and allowances									
	_	a l									
		Less cost of goods sold b Net income or (loss) from sales of inventory b	n								
	۳	Miscellaneous Revenue Business Code	9								
	11a										
	ь										
	С										
	d	All other revenue									
	e	Total. Add lines 11a-11d									
	12	Total revenue. See Instructions	0								
	I -		400,881	316,110		15,756					

Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ıons must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX		<u> </u>	, 🔽
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	47,650	17,225	13,533	16,892
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	81,977	29,635	23,281	29,061
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,906	2,858	2,245	2,803
10	Payroll taxes	12,666	4,579	3,597	4,490
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	4,829	1,746	1,371	1,712
13	Office expenses	5,353	1,935	1,520	1,898
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,749	7,862	6,177	7,710
23	Insurance	20,517	7,417	5,827	7,273
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROFESSIONAL FEES	10,013		10,013	
b	UTILITIES	10,235	3,700	2,907	3,628
c	ACT EXPENSES	12,838	12,838		
d	PRODUCTION EXPENSE	120,203	120,203		
e	All other expenses	39,787	14,910	11,063	13,814
25	Total functional expenses. Add lines 1 through 24e	395,723	224,908	81,534	89,281
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pal	rt X	Balance Sheet Check if Schedule O contains a response to any question in this F	art X				
					(A)		(B)
	T .				Beginning of year		End of year
	1	Cash—non-interest-bearing		•	80,537		84,106
	2	Savings and temporary cash investments		•	28,953		0
	3	Pledges and grants receivable, net		•		3	0
	4	Accounts receivable, net				4	2,450
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Par Schedule L	t II of			5	0
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ng employers		6	0	
	7	Notes and loans receivable, net				7	0
ď	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			34.677	9	15,246
	10a	Land, buildings, and equipment cost or other basis Complete	ı	•	,		10,210
		Part VI of Schedule D	10a	229,325			
	b	Less accumulated depreciation	10b	152,914	,	10c	76,411
	11	Investments—publicly traded securities	•	300,460	11	382,650	
	12	Investments—other securities See Part IV, line 11			12	0	
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			531,870	16	560,863
	17	Accounts payable and accrued expenses		•	8,847	17	16,145
	18	Grants payable				18	
	19	Deferred revenue		•		19	
	20	Tax-exempt bond liabilities		•		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	ed	•			
<u> </u>		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .		•		24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D	X of Sc	hedule	101,394	25	103,502
	26	Total liabilities. Add lines 17 through 25			110,241	26	119,647
۵ د		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.					
Fund Balance	27	Unrestricted net assets	_	_	421,629	27	441,216
<u>ප</u>	28	Temporarily restricted net assets	•	•	121,925	28	,
	29	Permanently restricted net assets		_		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check her		and			
ш Е		complete lines 30 through 34.	- ·				
0	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Š	33	Total net assets or fund balances		•	421,629	33	441,216
Z	34	Total liabilities and net assets/fund balances			531,870	34	560,863
						F	orm 990 (2012)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	00,881
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	95,723
3	Revenue less expenses Subtract line 2 from line 1	3			5,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21,629
5	Net unrealized gains (losses) on investments	5			14,429
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	41,216
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ן וי		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?	of th	e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	:d 3b		

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As Filed Data -

DLN: 93493013028794

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

SAN LUIS OBISPO LITTLE THEATRE

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. ▶ See separate instructions.

2012

Open to Public Inspection

				1.11. 61. 11. 61					95-2556		
Par				blic Charity Sta				•	<u> </u>	nstruction	S
	rganı			te foundation becaus							
1	<u> </u>		· ·	ion of churches, or a				section 170	(b)(1)(A)(i).		
2	<u>_</u>			in section 170(b)(1							
3	<u> </u>			perative hospital se							
4	Г			h organization opera	ted ın conjur	nction with	a hospital de	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the
_	_			ity, and state erated for the benefi	+ - f 11						
5	ı	_	•		_	e or univers	ity owned of	орегатей ву	a governmen	tai uiiit ues	cribed iii
_	_			(A)(iv). (Complete P	•	E-1E 4		.: 4 7 0/b)	(4)(4)(-)		
6				· local government or						,	
7	굣			at normally receives on 170(b)(1)(A)(vi).			s support from	n a governm	iental unit or i	rom the ge	nerai public
8	Г			described in section			mplete Part	II)			
9	,			at normally receives					ıbutıons, mem	bership fee	s, and gross
	•			rities related to its e							
		•		oss investment inco	•	-			• •		
				ganızatıon after June						,	
10	Г	-		ganized and operated	•			•	-		
11	į.	_		ganized and operated						to carry out	the nurnoses of
	'			ly supported organiz							
				bes the type of supp							
	_			b Type II c							
е	Г			ox, I certify that the							
			nan roundat 1 509(a)(2)	ion managers and ot	ner than one	or more pu	iblicly suppoi	rted organiza	ations describ	ea in secti	on 509(a)(1) or
f				received a written de	eterminatior	from the I	RS that it is a	a Type I. Ty	pe II. or Type	III suppor	tıng organization.
			this box					, p , . ,	p, - · · , p -		у у
g				2006, has the organ	ızatıon acce	pted any gi	ft or contribu	tion from an	y of the		
			ng persons?					h		`	
				rectly or indirectly o				n persons a	escribed in (ii		Yes No
				governing body of th			יווי				g(i)
				er of a person descr							g(ii)
				lled entity of a perso						110	g(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	ition(s)				
	\ Nam	6	/::> EIN	(iii) Tune of	(ii.) To	*b.=	L (11) Did is		() 1-	+1	() A maxima
_) Nan uppoi		(ii) EIN	(iii) Type of organization	(iv) Is organizat		(v) Did yo	•	(vi) Is organizat		(vii) A mount of monetary
		ation		(described on	col (i) lis		ın col (i)		col (i) org		support
	_			lines 1 - 9 above	yourgove		suppo	'	ın the U		''
				or IRC section	docume	ent?					
				(see instructions))		_					
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 166,326 112,439 114,006 71,046 69,015 532,832 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 166,326 112,439 114,006 71,046 69,015 532,832 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 532,832 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 166,326 112,439 114,006 71,046 69,015 532,832 Amounts from line 4 Gross income from interest, dividends, payments received on 9,470 6,956 4,864 3,704 11,989 36,983 securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 569,815 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 93 510 % Public support percentage for 2011 Schedule A, Part II, line 14 15 98 850 % 16a 33 1/3% support test—2012. 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—2011. 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 – 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10ta1
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in 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						
	IV)						
13	Total support. (Add lines 9, 10c,						
4.4	11, and 12)				6.6th +	F01/-\/2\	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	c Support De	rcontogo				
	ction C. Computation of Publi Public support percentage for 2012 (1.2 solumn (f))		1 1	
15				13, Column (1))		15	
16	Public support percentage from 2011	c support percentage from 2011 Schedule A, Part III, line 15					
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))					17	
18							
	1 1 1						
19a	a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.						

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493013028794

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization SAN LUIS OBISPO LITTLE THEATRE 95-2556678 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (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
- If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1

- Assets included in Form 990, Part X
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	stori	<u>cal Tr</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	<u>Similar As</u>	sets (d	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of t	he follo:	wing that a	re a	significant use	of its	
а	Public exhibition		d	Г	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Г	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın ho	w the	y furthe	er the oi	rganızatıon	's exe	empt purpose II	n	
5	During the year, did the organization solicit o	or receive donations	s of aı	rt, his	torical	treasur	es or other	sımı	lar		
	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						answered	1 "Y€	es" to Form 9	90, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets n		_ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
							-		Am	ount	
с	Beginning balance						-	1c			
d	Additions during the year						F	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>					Г	Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has l	been pr	ovided in P	art X	III		
Pa	tt V Endowment Funds. Complete										
4 -	Danis and constitution of the constitution of	(a)Current year	(b)Prior	year	b (c) Tw	o years back	(d)T	hree years back	(e)Four	years back
1a L	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gams, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
_	•	ent vear end halan	ce (lır	20 10	colum	n (a)) h	eld ac	<u> </u>			
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as										
a	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	d and ac	dministered	l for t	he	Yes	s No
	(i) unrelated organizations								3a(- 110
	(ii) related organizations								3a(i		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		•		(h)Cost or	thor	(a) Assumulator	- (d)	Pook value
	Description of property				a) Cost o isis (inve		(b)Cost or o basis (oth		(c) Accumulated depreciation	ı (a)	Book value
1a	Land										
b	Buildings									\bot	
С	Leasehold improvements		•				22	2,018	7,7	73	14,245
d	Equipment						200	,921	141,0	51	59,870
							1	5,386	4,0	90	2,296
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	umn (B), line	10(c).)			🕨		76,411

Part VIII Investments—Other Securities. See	<u>: Form 990, Part X, line 12.</u>	
(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 derivatives		
(2)Closely-held equity interests		
Other		
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. Se	ee Form 990. Part X line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(-)	(=) ===::: (a.a.a	Cost or end-of-year market value
	+	
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>P</u>	
Part IX Other Assets. See Form 990, Part X, I		4) 5 - 1 - 1 - 1
(a) Descr	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
PAYROLL TAXES PAYABLE	60	
DEFERRED REVENUE	89,684	
CREDIT CARD PAYABLE	881	
ACCRUED WAGES	7,760	
ACCRUED VACATION PAYABLE	5,117	
]	
	+	
	103,502	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
c	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	
Part	t XIII Supplemental Information	
Com	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b at	nd 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

Identifier Return Reference Explanation

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Name of the organization SAN LUIS OBISPO LITTLE THEATRE **Employer identification number**

95-2556678

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	VOLUNTEER EXPENSES Column (A) - Total = \$1674, Column (B) - Program Services = \$605, Column (C) - Management & General = \$475, Column (D) - Fundraising = \$594
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	THEATER MAINTENANCE/SUPPLIES Column (A) - Total = \$6277, Column (B) - Program Services = \$2269, Column (C) - Management & General = \$1783, Column (D) - Fundraising = \$2225
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	TELEPHONE Column (A) - Total = \$2426, Column (B) - Program Services = \$877, Column (C) - Management & General = \$689, Column (D) - Fundraising = \$860
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	SALES EXPENSES Column (A) - Total = \$3683, Column (B) - Program Services = \$1331, Column (C) - Management & General = \$1046, Column (D) - Fundraising = \$1306
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	READER'S THEATRE Column (A) - Total = \$826, Column (B) - Program Services = \$826, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Printing and Publications Column (A) - Total = \$8090, Column (B) - Program Services = \$2925, Column (C) - Management & General = \$2297, Column (D) - Fundraising = \$2868
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Postage and Shipping Column (A) - Total = \$1604, Column (B) - Program Services = \$580, Column (C) - Management & General = \$455, Column (D) - Fundraising = \$569
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	MISCELLANEOUS Column (A) - Total = \$402, Column (B) - Program Services = \$145, Column (C) - Management & General = \$114, Column (D) - Fundraising = \$143
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	MEETINGS Column (A) - Total = \$1111, Column (B) - Program Services = \$402, Column (C) - Management & General = \$315, Column (D) - Fundraising = \$394
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	JANITORIAL Column (A) - Total = \$585, Column (B) - Program Services = \$211, Column (C) - Management & General = \$166, Column (D) - Fundraising = \$208
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	DUES AND SUBSCRIPTIONS Column (A) - Total = \$1030, Column (B) - Program Services = \$372, Column (C) - Management & General = \$293, Column (D) - Fundraising = \$365
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	CREDIT CARD MERCHANT FEES Column (A) - Total = \$9809, Column (B) - Program Services = \$3546, Column (C) - Management & General = \$2786, Column (D) - Fundraising = \$3477
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	BOX OFFICE/SUPPL Column (A) - Total = \$1991, Column (B) - Program Services = \$720, Column (C) - Management & General = \$565, Column (D) - Fundraising = \$706
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	BANK FEES Column (A) - Total = \$279, Column (B) - Program Services = \$101, Column (C) - Management & General = \$79, Column (D) - Fundraising = \$99
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST IN THE OFFICE
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD AFTER ANALYZING SALARIES FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AND REGULAR EVALUATIONS OF JOB PERFORMANCE
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	FORM 990 IS PROVIDED FOR REVIEW AND APPROVED AT A BOARD OF DIRECTORS MEETING BEFORE BEING FILED WITH THE IRS