DLN: 93493310020475

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	lendar year, or tax year begi	nning 07-01-2014 $$, and ending 06-3	30-2015				
B Ch	eck ıf ap	pplicable	C Name of organization SAN LUIS OBISPO LITTLE THEA	TRE			D Emplo	yer ider	ntification number
☐ Add	dress ch	ange					95-25	56678	3
┌ Na	me char	nge	Doing business as						
┌ Init	ial retur	rn					E Telepho	one num	her
Fin		nunatad	Number and street (or P O bo PO BOX 122	x if mail is not delivered to street address)	loom/suite				
_	urn/tern 			L			(805)	781-3	889
	ended r	return pending	SAN LUIS OBISPO, CA 93406	, country, and ZIP or foreign postal code			G Gross r	eceıpts \$	5 565,250
i Api	Jilcation	pending							
			F Name and address o KEVIN HARRIS PO BOX 122	гргіпсіраї опісег		H(a) Is thi suboi	s a group rdinates?	return	for
			SAN LUIS OBISPO, CA			H(b) Are a includ		nates	┌ Yes 🔽 No
I Ta	x-exem	pt status	▼ 501(c)(3)) ◀ (Insert no)	7	If "No	o," attach	a lıst	(see instructions)
J W	ebsite	∷ ⊳ SL	OLITTLETHEATRE ORG			H(c) Grou	ıp exempt	ion nur	mber ►
K For	m of org	ganızatıon	Corporation Trust Asso	ciation Cther ►		L Year of fo	rmation 19	52 M	State of legal domicile CA
Pa	rt I	Sum	nmary						
Governance	1	TO PRE		ission or most significant activities JCTIONS OF PROFESSIONAL QUA	LITY FO	R THE ENT	ERTAINN	MENT,	ENRICHMENT AND
rem	-	^ hock ti	his hay Mariftha arganization	on discontinued its operations or disp	ocod of r	noro than 3	F0/s of the	not no	coto
ŝ	2 (-neck ti	ms box 🛐 ii the organizatio	on discontinued its operations or disp	osea oi i	nore than 2	5% OI ILS	net as	sets
	3 1	Number	of voting members of the go	verning body (Part VI, line 1a)				3	10
Activities &	4 1	Number	of independent voting memb	ers of the governing body (Part VI, li	ne 1b)			4	10
ξ	5 1	Γotal nu	ımber of ındıvıduals employe	d ın calendar year 2014 (Part V, lıne	2a) .			5	9
ă	6 7	Γotal nu	imber of volunteers (estimate	e if necessary)				6	345
	1			om Part VIII, column (C), line 12 .				7a	0
	b N	Net unre	elated business taxable inco	me from Form 990-T, line 34	· ·			7b	
						Prio	r Year		Current Year
ā	8			II, line 1h)	1		291,		134,891
Revenue	9			II, line 2g)	1		307,4		405,136
ž	10 11		·	(A), lines 5, 6d, 8c, 9c, 10c, and 11c	· · · · · ·		11,6	176	18,124
	12		· ·	h 11 (must equal Part VIII, column (· .			170	1,141
		12) .		<u> </u>	•		614,	777	557,010
	13			Part IX, column (A), lines 1–3).	ŀ				0
	14			art IX, column (A), line 4)	ŀ				0
ø	15	Saları 5–10		ployee benefits (Part IX, column (A),	lines		222,8	362	240,068
Expenses	16a		•	t IX, column (A), line 11e)					0
9	ь	Total fu	undraising expenses (Part IX, colun	nn (D), line 25) ▶131,618	•				
ũ	17			(A), lines 11a-11d, 11f-24e)			264,9	203	307,223
	18			(must equal Part IX, column (A), line	ŀ		487,8		547,291
	19		•	line 18 from line 12	· •		126,9		9,719
Net Assets or Fund Balances						Beginning Y		_	End of Year
SS et	20	Total	assets (Part X, line 16) .				775,	326	754,798
A B	21	Total	liabilities (Part X, line 26)		[174,2	244	157,572
ž2	22	Netas	ssets or fund balances Subt	ract line 21 from line 20	[601,0	082	597,226
Pai	rt II	Sign	nature Block						
my k	nowled arer ha	dge and is any k $\frac{****}{Signa}$	belief, it is true, correct, and nowledge *** ature of officer	e examined this return, including acc I complete Declaration of preparer (o		officer) is			
	-		IN HARRIS Executive Direc e or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	Cile	ck 🗍 ıf	PTIN	1422
Paid	d		KRISTJAN J CINDRICH CPA Firm's name F CINDRICH & CON	KRISTJAN J CINDRICH CPA			employed	P00044	432
Pre	pare	r							
Has	نممز	F	Firm's address 🟲 1368 MARSH ST			Pho	ne no (805) 543-58	300

SAN LUIS OBISPO, CA 934013316

√ Yes
√ No

Par	t III	Statement of Program S Check if Schedule O contains a			ıı	
1	Briefl	y describe the organization's mi	ssion			
EDU EXP	CATIO ERIENC	T THEATRICAL PRODUCTION N OF THE PUBLIC OUR MISSI ED IN THE FULL DIMENSION IMAN VALUES IN AN INCREA	ION IS BASED ON ALITY OF REAL TI	THE CONVICTION TH ME AND SPACE, IS OF	IAT LIVE THEATRE, PERFOR INESTIMABLE VALUE, REM	RMEDAND
2		e organization undertake any si or Form 990 or 990-EZ?		ervices during the year	which were not listed on	┌ Yes ┌ No
	If"Ye	s," describe these new services	on Schedule O			
3	servic	e organization cease conducting es?		nt changes in how it con	ducts, any program · · · · · · · · · ·	┌ Yes ┌ No
4	Descr expen	ibe the organization's program s ses Section 501(c)(3) and 501 tal expenses, and revenue, if an	ervice accomplishn (c)(4) organizations	s are required to report		
4a	(Code) (Expenses \$ RICAL PRODUCTIONS OF PROFESSION	282,543 AL QUALITY FOR THE EN	including grants of \$) (Revenue \$ T AND EDUCATION OF THE PUBLIC	371,947)
4b	(Code) (Expenses \$	13,312	ıncludıng grants of \$) (Revenue \$	33,189)
	ACADI	MY OF CREATIVE THEATRE HELPS YOU	JNG PERFORMERS DEVE	LOP LIFE-LONG THEATRICAL	SKILLS AND BUILD SELF-ESTEEM WH	HILE HAVING FUN
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		r program services (Describe in enses \$	Schedule O) including grants o) (Revenue \$)
4e	- ' '	program service expenses 🕨	295,855	"	, (Nevenue 4	,

Part TV	Check	dist 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? If "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? <i>If "Yes," complete Schedule D, Part I</i>	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 2	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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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^{\bullet}	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If</i> "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 "Yes," complete Schedule G, Part II</i>	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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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 "Yes," complete Schedule J</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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 \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
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		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		୮_
4 ~	Enter the number reported in Boy 2 of Form 1006 Enter 10 dente and soulistic 1 de 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16 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	1		
	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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 •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
_	were not tax deductible?	6b		
7	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 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
Ī	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
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			
h	required?	7g		No
8	Form 1098-C?	7h		No
	during the year?	8		Νo
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Νo
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders	-		
D	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		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ĺ	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 re	enonea or	note to any	line in th	ic Part \/T									
Check if Schedule O	contains are	sponse or	note to any	iiiie iii tii	is rait vi			•	•	•		•	•	.,, ~

Se	ection A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	10			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a other officer, director, trustee, or key employee?	any 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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		, ,	Yes	
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			Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on more members of the governing body?	e or 7	a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol or persons other than the governing body?	ders, 7 1	b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ıe			
а	The governing body?	. 8	a \	Yes	
b	Each committee with authority to act on behalf of the governing body?	81	Ь	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at the 9	,		No
Se	ection B. Policies (This Section B requests information about policies not required by the Inter	nal Reve	enue	Code	∍.)
			,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	а		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?	filing 11	.a \	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a \	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could girlse to conflicts?	ve . 12	: b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des in Schedule O how this was done	cribe 12	.c \	Yes	
13	Did the organization have a written whistleblower policy?	. 13	3		Νo
14	Did the organization have a written document retention and destruction policy?	. 14	4	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?			
а	The organization's CEO, Executive Director, or top management official	. 15	ia \	Yes	
b	Other officers or key employees of the organization	15	b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w taxable entity during the year?	ith a 16	a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		ь		

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)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►KEVIN D HARRIS

 - PO BOX 122
 - SAN LUIS OBISPO, CA 93406 (805) 781-3889

Part VIII 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 for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	office	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JEFF OLDS	2 00	х						0	0	0
Director (2) RICHARD LUCKETT	0 00 2 00									
Director	0 00	х						0	0	0
(3) JERRY CHIRPICH	2 00									
Treasurer	0 00	X		Х				0	0	0
(4) MARCIA SCOTT	2 00									
Director	0 00	X						0	0	0
(5) BRYCE ENGSTROM	2 00									
President	0 00	X		Х				0	0	0
(6) CHRISTINE WILLIAMS	2 00									
Director	0 00	X						0	0	0
(7) MICHAEL SIMKINS	2 00									
Secretary	0 00	X		Х				0	0	0
(8) DANIEL FREEMAN	2 00									
Director	0 00	X						0	0	0
(9) MATTHEW COTTLE	2 00									
PRESIDENT-ELECT	0 00	X		Х				0	0	0
(10) LOU ROBINSON	2 00									
Director	0 00	X						0	0	0
(11) WILDA ROSENE	2 00									
Director	0 00	X						0	0	0
(12) BOB PETERSON	2 00									
Director	0 00	X						0	0	0
(13) MEGAN FOX	2 00							_	_	_
Director	0 00	X						0	0	0
(14) GINA KIRK	2 00	,,		ν,						
Vice President	0 00	X		Х				0	0	0
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	note book thial or/to 大空	checker Highest compensated	ess er :) Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) KEVIN HARRIS Executive Direc	40 00 0 00			х				60,000	0	1,710

1b	Sub-Total	Ŧ		
C	Total from continuation sheets to Part VII, Section A	۰		
d	Total (add lines 1b and 1c)	۰	60,000	1,710

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

art VIII	Statement of Revenue Check if Schedule O contains a response or note to any lir	oe in this Part VIII			
	encek if Schedule o contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω la	Federated campaigns 1a				
<u>г</u> # ь	Membership dues 1b				
] 	Fundraising events 1c 5,445				
Similar Amounts					
	Related organizations 1d				
<u>.</u> .	Government grants (contributions) 1e 4,400				
<u> </u>	All other contributions, gifts, grants, and 1f 125,046 similar amounts not included above	j			
Other of	Noncach contributions included in lines	-			
and Other Similar Amounts	1a-1f \$				
and P	Total. Add lines 1a-1f	134,891			
	Business Code				
Program Service Revenue Ta b c d e f a	EDUCATION 611600	33,189	33,189		
چ وي b	THEATRICAL PRODUCTIONS 711110	371,947	371,947		
e -					
5 d					
ණ ⊆ e					
ie f	All other program service revenue				
ي ا کي	Takal Add Inno 20 25	405.126			
g	Total. Add lines 2a-2f	405,136			
	and other similar amounts)	18,124			18,124
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	0			
	(i) Real (ii) Personal				
6a	Gross rents Less rental				
"	expenses				
C	Rental income or (loss)				
d	Net rental income or (loss)	0			
	(I) Securities (II) Other				
7a	Gross amount from sales of assets other than inventory				
ь	Less cost or other basis and				
	sales expenses				
C .	Gain or (loss)				
d	Net gain or (loss)	0			
	Gross income from fundraising events (not including \$5,445 of contributions reported on line 1c) See Part IV, line 18				
<u> </u>	a				
₹ b	Less direct expenses b 5,445	-5,445			-5,445
_ _	Net income or (loss) from fundraising events	3,443			3,443
34	See Part IV, line 19				
	a 7,099				
b					
c	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4,304			1,509
10a	Gross sales of inventory, less returns and allowances				
	a				
ь	Less cost of goods sold b				
С	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue Business Code	Ţ			
11a					
b					
С					
d					
e	Total. Add lines 11a–11d	0			
12	Total revenue. See Instructions	557,010	405,136		14,188
		227,010	403,130		14,100

Part IX Statement of Functional Expenses

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

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this	_			
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	57,000	20,606	16,188	20,206
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	146,235	52,864	41,531	51,840
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,127	1,492	1,172	1,463
9	Other employee benefits	14,296	5,168	4,060	5,068
10	Payroll taxes	18,410	6,655	5,229	6,526
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
c	Accounting	0			_
d	Lobbying	0			
e	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	21,870	7,906	6,211	7,753
13	Office expenses	8,867	3,205	2,518	3,144
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	75	27	21	27
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,477	7,402	5,816	7,259
23	Insurance	22,575	8,161	6,411	8,003
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)		-,-3	-,	-,
a	PRODUCTION EXPENSE	148,837	148,837		
b	PROFESSIONAL FEES	15,275		14,775	500
С	ACT EXPENSES	13,312	13,312		
d	CREDIT CARD MERCHANT FEES	12,523	4,527	3,557	4,439
e	All other expenses	43,412	15,693	12,329	15,390
25	Total functional expenses. Add lines 1 through 24e	547,291	295,855	119,818	131,618
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

		Check if Schedule O contains a response or note to any line in thi	SPAILA		• •	<u>'</u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		111,668	1	109,490
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		8,251	4	6,551
	5	Loans and other receivables from current and former officers, directly completes and highest compensated employees. Complete Part Schedule L	ectors, trustees, key : II of	,	_	· ·
इ	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 emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	0
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		18,541	9	28,901
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 242,21	,	-	20,001
	ь	Less accumulated depreciation	10b 195,60		10c	46,608
	11	Investments—publicly traded securities		578,199	11	563,248
	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)		775,326		754,798
	17	Accounts payable and accrued expenses		19,709		3,842
	18	Grants payable		,	18	<u> </u>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sched			21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trustees,			
Liabiliti		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		154,535	25	153,730
	26	Total liabilities. Add lines 17 through 25		174,244	26	157,572
У ФО		Organizations that follow SFAS 117 (ASC 958), check here ▶	and complete			
ē	27	Unrestricted net assets		601,082	27	597,226
_ B	28	Temporarily restricted net assets			28	
귤	29	Permanently restricted net assets			29	_
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e ► and			_
0	30	Capital stock or trust principal, or current funds			30	
Şet	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur	nds		32	
<u>क</u>	33	Total net assets or fund balances		601,082	33	597,226
Š	1	Total liabilities and net assets/fund balances				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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As Filed Data -

DLN: 93493310020475

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011

Open to Public Inspection

Name of the organization SAN LUIS OBISPO LITTLE THEATRE							Employer identification number				
SAN L	012 0013	SPO LITTLE TITLATEL					95-2556678				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.			
		zation is not a private fo									
1	Ē	A church, convention		•	= -	•	•				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ĺ.		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	, T	A medical research or	ganızatıon ope	-). Enter the			
_	_	hospital's name, city,	and state	II							
5	ı	An organization opera			versity owned o	r operated by a	a governmental unit d	escribed in			
	_	section 170(b)(1)(A)									
6	<u> </u>	A federal, state, or loc									
7	~	An organization that n				om a governme	ental unit or from the g	jeneral public			
8	\vdash	described in section 1 A community trust des				+ 11 \					
9	<u>'</u> _	An organization that n					hutions mambarshin	fees and gross			
,	'	receipts from activitie									
		its support from gross									
		acquired by the organi						i busillesses			
10	_	An organization organ									
	<u> </u>		•	· · · · · · · · · · · · · · · · · · ·	· ·	•		ut the nurness of			
11	ı		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check								
		the box in lines 11a th									
а	\sqcap	Type I. A supporting of									
		supported organization				ty of the direct	ors or trustees of the	supporting			
ь	\vdash	organization You mus				with ite europo	rted organization(s)	ay haying control or			
	'		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or nanagement of the supporting organization vested in the same persons that control or manage the supported organization(s) You								
		must complete Part I			,						
C	Г	Type III functionally						grated with, its			
_	_	supported organization									
d	ı	Type III non-function not functionally integr									
		(see instructions) Yo					ement and an accentiv	eness requirement			
е	Γ	Check this box if the o	organization re	ceived a written deter	mination from t	he IRS that it is	s a Type I, Type II, T	ype III functionally			
-		integrated, or Type II									
f		Enter the number of su									
g		Provide the following i	nformation ab	out the supported orga	inization(s)						
	(i)Na	me of supported	(ii) EIN	(iii) Type of	(iv) Is the org	janization	(v) A mount of	(vi) A mount of			
organization			organization	listed in your	governing	monetary support	other support (see				
		(described on lines document?		nt?	(see instructions)	ınstructions)					
				1-9 above or IRC							
				section (see instructions))							
					Yes	No					
			l	ļ							

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) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 114,006 71,046 69,015 266,045 129,446 649,558 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 114,006 71,046 69,015 266,045 129,446 649,558 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 649,558 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 114,006 71,046 69,015 266,045 129,446 649,558 Amounts from line 4 Gross income from interest, dividends, payments received on 4,864 3,704 11,989 11,604 18,124 50,285 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 VI) Total support Add lines 7 through 11 699,843 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92 810 % Public support percentage for 2013 Schedule A, Part II, line 14 15 94 180 % 16a 33 1/3% support test - 2014. 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 -2013. 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 – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

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

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 33 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493310020475

OMB No 1545-0047

Open to Public

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. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	ne of the organization LUIS OBISPO LITTLE THEATRE		Employer identification number				
SAN	LOIS OBISPO LITTLE THEATRE		95-2556678				
Pa	t I Organizations Maintaining Donor Ac						
	organization answered "Yes" to Form 99						
_	T. balancel and a defense	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No				
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit?						
Par	t II Conservation Easements. Complete	f the organization answered "Yes" to	Form 990, Part IV, line 7.				
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of an Preservation of a c	ertified historic structure				
	easement on the last day of the tax year	г					
	Total words of a constant of the constant of t	-	Held at the End of the Year				
а	Total number of conservation easements	-	2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified his	` ′	2c				
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during						
	the tax year ►						
4	Number of states where property subject to conserva	tion easement is located 🛌	<u></u>				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No				
5	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easem	nents during the year				
	<u> </u>						
,	A mount of expenses incurred in monitoring, inspectir	ıa, and enforcing conservation easements	during the year				
•	▶ \$	-	· ,				
3	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)				
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial					
ar	Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.				
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	or research in furtherance of public				
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education, o					
	(i) Revenue included in Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide the				
а	Revenue included in Form 990, Part VIII, line 1	Caraca and a supply a sup	▶ \$				
b							
_	Assets included in Form 990, Part X		▶ \$				

Part	Organizations Maintaining Collection	ons of Art,	Histor	ical	Treasu	res, or Othe	r Similar Asse	ts (continued)
3	Using the organization's acquisition, accession, and collection items (check all that apply)	d other records	, check	any	of the follo	wing that are a	significant use of	ıts
а	Public exhibition		d [Lo	an or exch	ange programs	5	
b	Scholarly research		е Г	Ot	her			
c	Preservation for future generations							
4	Provide a description of the organization's collection Part XIII	ns and explain	how th	ey fur	ther the o	rganızatıon's e	xempt purpose in	
5	During the year, did the organization solicit or receivassets to be sold to raise funds rather than to be ma							Yes □ No
Par	Escrow and Custodial Arrangemen Part IV, line 9, or reported an amount of	ts. Complet	e if the	org	anızatıon			· , · · · ·
1a	Is the organization an agent, trustee, custodian or concluded on Form 990, Part X?					r other assets	not $ar{}$	Yes
b	If "Yes," explain the arrangement in Part XIII and c	omplete the fo	llowing	table	:			
							Amou	ınt
c	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form 990	O, Part X, line	21, for	escro	w or custo	dıal account lı	ability?	Yes
b	If "Yes," explain the arrangement in Part XIII Chec	ck here if the e	xplana	tion h	as been pi	ovided in Part	XIII	F
Pa	t V Endowment Funds. Complete if the c		answe	red "	'Yes" to F			
		urrent year	(b) Prio	r year	b (c) Tw	o years back (d	Three years back (e)Four years back
1a	Beginning of year balance							
Ь	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	ar end balance	(line 1	g, col	umn (a)) h	eld as		
а	Board designated or quasi-endowment ►							
b	Permanent endowment ►							
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equa	al 100%						
За	Are there endowment funds not in the possession of	f the organızat	on that	are h	neld and a	dmınıstered for	the	
	organization by						2-43	Yes No
	(i) unrelated organizations			•			3a(i) 3a(ii)	
b	(ii) related organizations		on Sche	· · · edule	R?		Sa(II)	<u> </u>
4	Describe in Part XIII the intended uses of the organ							<u> </u>
Par	Land, Buildings, and Equipment. Co 11a. See Form 990, Part X, line 10.					ered 'Yes' to	Form 990, Part	IV, line
	Description of property				st or other nvestment)	(b)Cost or othe basis (other)	(c) Accumulated depreciation	(d) Book value
1.2	and							
Ta :						1	1	
	Buildings							
b I	Buildings	 	.			22,01	3 10,751	11,267
b	•	· · · · ·	. :			22,013 213,80°	,	
b c d	_easehold improvements	 				<u>'</u>	179,110	34,699

See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(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)			
Part VIII Investments—Program Related. Cor	nplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.	(In) Dead walve	(-) Mathadas	. Long Aring a
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990	, Part IV, line 11d See I	Form 990, Part X, line 15
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			44
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	iization answered 'Yes' to	o rorm 990, Part IV, I	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED VACATION PAYABLE	12,877		
ACCRUED WAGES	8,644		
CREDIT CARD PAYABLE	773		
DEFERRED REVENUE	124,386		
PAYROLL TAXES PAYABLE	50		
RETIREMENT PLAN PAYABLE	7,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	152.730		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	153,730		

Par		evenue per Audited Financial Sta t vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	per K	eturn Complete i
1		er support per audited financial statements			1	
2	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b		7	
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b		1	
С	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		swered 'Yes' to Form 990, Part IV, line			1.	
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
3		acılıtıes	2a			
b	· -		2b			
С			2c			
d	Other (Describe in Part XIII)		2d		_	
е	_				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
3					4c	
		nd 4c. (This must equal Form 990, Part I, lir	e 18)		5	
	XIII Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				le any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

95-2556678

Pa	rt I Types of Property	_						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	eterm		nts
1	Art—Works of art			-				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	,							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			17.000	ENAL			
	Other►(PLOT PRINT)	X	1	17,000	FMV			
	Other►(X	1	8,500	FMV			
	STUMES)		_	0,000				
	Other►(CTIONITEMS)	X	64	5,445	FMV			
28	Other ▶ ()							
29	Number of Forms 8283 received by th							
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowled	dgement 29	'			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr				to be used			
	for exempt purposes for the entire ho	ldıng perioc	²			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc				Ī	31	Yes	
32a	Does the organization hire or use thir contributions?	•	_	olicit, process, or sell nor	ncash	32a		Νo
b	If "Yes," describe in Part II				ļ			
	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	s checked,			
-	describe in Part II			,	,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493310020475

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
SAN LUIS OBISPO LITTLE THEATRE

Employer identification number
95-2556678

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	
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
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL DIRECTORS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY AND SIGN A STATEM ENT THAT THEY HAVE RECEIVED AND REVIEWED IT AT THE OPENING OF EVERY BOARD MEETING, DIRECT ORS ARE POLLED AS TO WHETHER THEY PERCEIVE THEY MAY HAVE A CONFLICT OF INTEREST WITH REGAR D TO ANY ITEM ON THE AGENDA FOR THAT MEETING
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 CO MPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AND REGULAR EVALUATIONS OF JOB PERFORMANCE
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND YEAR-END FINANCIA L STATEMENTS ARE AVAILABLE UPON REQUEST IN THE OFFICE