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DLN: 93493032009047

Department of the Treasury Internal R

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>

Inspection

		iliue <i>S</i> eiv	'					
			alendar year, or tax year beginnin C Name of organization	g 07-01-2015 , and ending 06-30-2	2016	D Emple	ven id.	entification number
_	eck if ai ddress c	pplicable	SAN LUIS OBISPO LITTLE THEATRE				-	
_	ame cha	_				95-2	55667	'8
	itial reti	_	Doing business as					
Fı			Number and street (or B.O. box if m	all is not delivered to street address) Room	/custo	E Teleph	one nur	nber
_	/termina nended		PO BOX 122	ial is not delivered to street address) Room	/ suite	(805)	781-	3889
		n pendino	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
1 . +	F		SAN LUIS OBISPO, CA 93406			G Gross	receipts	\$ \$ 572,039
			F Name and address of princip	oal officer	H(a)	Is this a group	retur	n for
			KEVIN HARRIS PO BOX 122			subordinates?		⊤ Yes 🗸
			SAN LUIS OBISPO, CA 9340	6		No Are all subord	ınataa	
I Ta	x-exem	npt status	5 √ 501(c)(3)	insert no) 4947(a)(1) or 527	Н(в)	Are all subord included?	mates	⊤Yes 🗸 No
1 W	ehsite	• • SI	OLITTLETHEATRE ORG			If "No," attach	n a list	(see instructions)
						Group exemp		
K For	m of org	ganızatıoı	n 🗸 Corporation Trust Associa	tion Other >	L Ye	ar of formation 19	952	M State of legal domicile C
Pa	rt I	Sun	nmary					
			escribe the organization's mission	or most significant activities				
				NS OF PROFESSIONAL QUALITY	FOR THE	ENTERTAINM	ENT,	ENRICHMENT AND
ψ	EL	DUCAI	ION OF THE PUBLIC					
Ę.								
E E	_							
Governance	2 0	Check t	his box ▶ ☐ if the organization di	scontinued its operations or dispose	ed of more	than 25% of its	s net a	issets
	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	9
Activities &			_	of the governing body (Part VI, line 1			4	9
ጀ			· -	calendar year 2015 (Part V, line 2a)	•		5	11
ACI	6 T	Γotal nu	imber of volunteers (estimate if no	ecessary)			6	375
	7 a ⊺	Γotal un	nrelated business revenue from Pa	art VIII, column (C), line 12			7a	0
	b No	et unrel	lated business taxable income fro	m Form 990-T, line 34			7b	
						Prior Year		Current Year
	8	Conti	ributions and grants (Part VIII, li	ne 1 h)		134,	891	152,698
Ravenue	9	Progr	ram service revenue (Part VIII, li	ne 2g)		405,	136	396,222
ðΛċΙ	10		•	n (A), lines 3, 4, and 7d)	·		124	16,118
ш	11			lines 5, 6d, 8c, 9c, 10c, and 11e)	. —	-1,	141	25:
	12	ota 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	557,	010	565,289
	13		ts and similar amounts paid (Part	IX, column (A), lines 1-3)				
	14			X, column (A), line 4)				-
	15	Salar	ries, other compensation, employe	ee benefits (Part IX, column (A), line	:s	240,	068	257,104
Expenses		5-10	•					
8	16a		· · · · · ·	column (A), line 11e)	•			
ጃ	Ь		fundraising expenses (Part IX, column (D		-			
	17		, , , , , , , , , , , , , , , , , , , ,	lines 11a-11d, 11f-24e)		307,		365,002
	18 19		·	st equal Part IX, column (A), line 25 18 from line 12	· —	547,	719	-56,817
× 0°		NC V C	ac iess expenses subtract line	10 1011 1110 12 1 1 1 1 1		<u> </u>		<u> </u>
Net Assets or Fund Balances					Begin	ining of Current	Y ear	End of Year
Bak	20	Total	assets (Part X, line 16)			754,	798	671,31
절	21	Total	liabilities (Part X, line 26)			157,	-	152,729
	22	_		line 21 from line 20		597,	226	518,588
	rt II r nena		nature Block Fnerury I declare that I have exa	amined this return, including accomp	nanving sc	hedules and sta	ateme	 nts_and to the hest of
my k	nowled	dge and	belief, it is true, correct, and con	pplete Declaration of preparer (other	r than offic	er) is based on	all inf	ormation of which
prepa	arer ha	as any k	knowledge					
		***	***			2017-02-01		
Sigr	1	Sign	nature of officer			Date		
Her			/IN HARRIS Executive Director					
		<u> </u>	e or print name and title					
			Print/Type preparer's name KRISTJAN J CINDRICH CPA	Preparer's signature KRISTJAN J CINDRICH CPA	Date	Check if	PTIN P0004	14432
Paid		-	Firm's name CINDRICH & COMPANY			self-employed Firm's EIN ▶	<u> </u>	
	pare	;r -	Firm's address > 1368 MARSH ST			Phone no (80)	5) 543-	 5800
Use	Onl	ly	SAN LUIS OBISPO, CA	934013316		, , , , , , , , , , , , , , , , , , , ,	,	
			5/11 L015 ODISI O, CA					

✓Yes No

Par	t 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)? 5	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? If "Yes," complete Schedule D, Part 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 **	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 V 🔰	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			
	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	
	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
	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	11 c		No
	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 2	11 d		No
е	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		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	12 b		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? <i>If</i> "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? 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? 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? If "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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part

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35a

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Yes

Form 990 (2015)

TV	Checklist of Required	l Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
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	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 "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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Form	990 (2015)			Page!
Pai	rt 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			ᅳ
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 19		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 19 19			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
L	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?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		No
44	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	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		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	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			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7 c		No
d	file Form 8282?	70		NO
_				
е	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		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter	20		— —
	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	· '		I
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
J	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?	12 a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	13 a		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			
	Enter the amount of reserves on hand	4.4-		 _{N1 =}
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	in 163, has it med a norm 720 to report these payments (in No, provide an explanation in Schedule O	T4D		

Part VI	Governance,	Management,	and Disclosure	ē

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 or note to any line in this Part VI					.
Se	ection A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		€		
	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	1b		€		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?		orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?	ver to		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by)	members, stockholders	, 7b		No
8	Did the organization contemporaneously document the meetings held or written activear 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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			e 9		No
Se	ection B. Policies (This Section B requests information about policies not			Reven	ue Cod	le.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	tıvıtıe	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	tivitie on's e ts gov	s of such chapters, xempt purposes? erning body before filin	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivitie on's e ts gov	s of such chapters, xempt purposes? erning body before filin	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e ts gov · ·	s of such chapters, xempt purposes? erning body before filin 	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e ts gov · · Form 9	s of such chapters, xempt purposes? erning body before filin 	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	tivitie on's e ts gov Form 9 	s of such chapters, xempt purposes? erning body before filin 990	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e ts gov form 9 ly inte	s of such chapters, xempt purposes? erning body before filin	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	tivitie on's e ts gov - - orm 9 ly inte	s of such chapters, xempt purposes? erning body before filin	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDI of 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 rev	tivitie on's e ts gov form 9 in the p in the p	s of such chapters, xempt purposes? erning body before filin	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDI of 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie on's e ts gov form 9 ly inte n the p n the p ne deli	s of such chapters, xempt purposes? erning body before filin	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD of 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.	tivitie on's e ts gov . Form 9 . Ily inte . In the p	s of such chapters, xempt purposes? erning body before filing the second	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization.	tivitie on's e ts gov . Form 9 . Ily inte . In the p	s of such chapters, xempt purposes? erning body before filing the second	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD of 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.	tivitie on's e ts gov orm 9	s of such chapters, xempt purposes? erning body before filin	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	tivitie on's e ts gov	s of such chapters, xempt purposes? erning body before filing. 990	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of the process.	tivitie on's e ts gov form 9 ly inte n the p riew ar ne deli or sim iization e step	s of such chapters, xempt purposes? erning body before filing. 290	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	tivitie on's e ts gov form 9 ly inte n the p riew ar ne deli or sim iization e step	s of such chapters, xempt purposes? erning body before filing. 290	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	tivitie on's e ts gov form 9 ly inte n the p riew ar ne deli or sim iization e step	s of such chapters, xempt purposes? erning body before filing. 290	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	tivitie on's e ts gov . Form 9 . Ity inte . Ithe p . Ithe	s of such chapters, xempt purposes? erning body before filing the second	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No

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

interest policy, and financial statements available to the public during the tax year

►KEVIN D HARRIS PO BOX 122 SAN LUIS OBISPO, CA 93406 (805) 781-3889

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	sition than son is La di	one bot	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JEFF OLDS	2 00									
Vice President	0.00	X		X				0	0	0
	0 00				\vdash					
(2) MICHAEL HOWARD Director	0 00	×						0	0	0
(3) JERRY CHIRPICH	2 00									
Treasurer	0 00	×		X				0	0	0
(4) MARCIA SCOTT	2 00									
Secretary	0 00	×		X				0	0	0
(5) ELLIE WASHINGTON	2 00									
Director	0 00	×						0	0	0
(6) CHRISTINE WILLIAMS	2 00									
Director	0 00	×						0	0	0
(7) MICHAEL SIMKINS	2 00									
President	0 00	X		X				0	0	0
(8) RICHARD LUCKETT Director	2 00	×						0	0	0
(9) MATTHEW COTTLE	2 00									
		×						0	0	О
Director	0 00 2 00				\vdash		<u> </u>			
(10) WILDA ROSENE Director	0 00	×						0	0	0
(11) KEVIN HARRIS	40 00									
Executive Dir	0 00			X				61,000	0	1,800
	0 00									
		†	-	 	\vdash	—	 			

3

Part VII	Section A	. Officers,	Directors,	Trustees,	Key Employee:	s, and Highest	Compensated	Employees (continued)
----------	-----------	-------------	------------	-----------	---------------	----------------	-------------	-----------------------

(A) Name and Title		(B) A verage hours per week (list any hours	more t	han o	one l both	oox, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total						. ▶				
c d	Total from continuation shee Total (add lines 1b and 1c)	•				٠.	. •		61,000		1,800
2	Total number of individuals (i \$100,000 of reportable comp	ncluding but not	limited	to the	ose I		d abov	e) wl	ho received more th	an	

- - 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 .

 - 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 J for such
- ındıvıdual .
- 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 J for such person .

	_	
Contractors		
five highest compensated independent contractors that received more than \$100,00		

Section B. Independent Co Complete this table for your fi compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address	Description of services	Compensation

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

Yes

3

4

(B)

No

Νo

Νo

Νo

Form 99								Page 9
Part V	/++1	Statement of			and the Doublett			_
		Cneck IT Schedul	le O contains a respons	se or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w &	1a	Federated campa	aigns 1a					
Grants Amounts	ь	Membership due	s 1b					
ons, Gifts, Grants Similar Amounts	c	Fundraising ever	nts 1 c	3,750				
Contributions, Gifts, and Other Similar A	d	Related organiza	ations 1d					
s, G mil	e	Government grants	(contributions) 1e	3,300				
ion r Si	f	All other contribution		145,648				
tributio Other	g	similar amounts not Noncash contribution						
a do	-	1a-1f \$		9,000				
Cont	h	Total. Add lines	1a-1f	•	152,698			
÷			_	Business Code				
ven	2a b	EDUCATION THEATRICAL PRODU	ICTIONS	611600	40,589	40,589		
o≛ o±	C	THEATRICAL PRODU	TONS	711110	355,633	355,633		
Ť	d							
<i>3</i> 5 =	e							
grar	f	All other prograr	m service revenue					
Æ	g	Total. Add lines	L	>	396,222			
	3	Investment inco	me (including dividend	s, interest,	16,118			16,118
	4		r amounts) ment of tax-exempt bond pr	H	0			10,110
	5				0			
Program Service Revenue			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental incom	ne or (loss)		0			
	_		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
ıue	Ь	Less cost or other basis and sales expenses Gain or (loss)						
	d		5)		0			
Other Revenue	8a	Gross income from events (not inclus)	om fundraising uding 750 reported on line 1c)					
	_		a .					
8		Less direct exp	enses b _ oss) from fundraising e	3,750	-3,750			-3,750
			om gaming activities	venes i i p	,			,
	Ь	Less direct exp	enses b	7,001 3,000				
	I	•	oss) from gaming activ	· · · · · · · · · · · · · · · · · · ·	4,001			1,001
	10a	Gross sales of ir	aventory less	-				
		returns and allow	wances .					
	ь	Less cost of go	ods sold b					
	c	_	oss) from sales of invei	ntory ▶	О			
		Miscellaneous		Business Code				
	11a							
	ь							
	C	A.I						
	d e	All other revenue Total. Add lines		•				
					0			
	12	Total revenue. S	ee instructions	•	565,289	396,222		13,369

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

	Check it schedule o contains a response of note to any line in the	iis raitin			
	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 domestic organizations and domestic governments See Part IV, line 21	0			
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	60,000	21,690	17,040	21,270
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	152,039	54,962	43,179	53,898
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,288	1,550	1,218	1,520
9	Other employee benefits	21,780	7,873	6,186	7,721
10	Payroll taxes				
		18,997	6,867	5,395	6,735
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	8,232		8,232	
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)	3,643		3,093	550
12	Advertising and promotion	34,994	12,650	9,938	12,406
13	Office expenses	7,761	2,806	2,204	2,751
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	114	41	32	41
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,752	4,971	3,906	4,875
23	Insurance	24,207	8,751	6,875	8,581
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	PRODUCTION EXPENSE	153,871	153,871		
b	CAPITAL CAMPAIGN EXPENSES	42,950			42,950
c	UTILITIES	14,428	5,216	4,097	5,115
d	ACT EXPENSES	14,199	14,199		
e	All other expenses	46,851	16,937	13,306	16,608
25	Total functional expenses. Add lines 1 through 24e	622,106	312,384	124,701	185,021
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)				

Form 9							Page 11	
Par	tΧ	Chack of Schodula O contains a response or note to any line	ın thic	Dart V			_	
		Check if Schedule O contains a response or note to any line	III UIIS	Pail X	(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			109,490	1	106,413	
	2	Savings and temporary cash investments				2	0	
	3	Pledges and grants receivable, net				3	0	
	4	Accounts receivable, net			6,551	4	7,701	
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Con Schedule L	nplete	Part II of		5	0	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) Coschedule L	, and contributing untary		6	0		
SS	7	Notes and loans receivable, net				7		
Ø	8	Inventories for sale or use				8		
	9		es for sale of use					
	10a	Land, buildings, and equipment cost or other basis	Ι		28,901	9	29,885	
	104	Complete Part VI of Schedule D	10a	247,131				
	b	Less accumulated depreciation	10b	209,357	46,608	10 c	37,774	
	11	Investments—publicly traded securities	563,248	11	489,544			
	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)			754,798	16	671,317	
	17	Accounts payable and accrued expenses			3,842	17	2,486	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete Part IV of	Schedu	ıle D		21		
lities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc		,				
		persons Complete Part II of Schedule L				22		
Ë	23	Secured mortgages and notes payable to unrelated third p	arties			23		
	24	Unsecured notes and loans payable to unrelated third part	ies .			24		
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,				
					153,730	25	150,243	
	26	Total liabilities. Add lines 17 through 25			157,572	26	152,729	
ces		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	• ► √	and complete				
Balances	27	Unrestricted net assets			597,226	27	517,088	
ä	28	Temporarily restricted net assets				28	1,500	

29

30

31

32

33

34

Permanently restricted net assets .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds . .

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

29

30

31

32

33

597,226

754,798

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Single Audit Act and OMB Circular A-133?

Nο

3a

3b

efile GRAPHIC p	rint - DO N	OT PROCESS	As Filed	Data
		_		

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

SAN LUIS OBISPO LITTLE THEATRE

990EZ)

Part I

1

2 3

Treasury

Department of the

DLN: 93493032009047

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.

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

95-2556678

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Open to Public Inspection

OMB No 1545-0047

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F

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.)

S	ection A. Public Support		,		,		
(01	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	71,046	69,015	266,045	129,446	152,698	688,250
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
3	The value of services or facilities furnished by a governmental unit to the organization without charge						C
4	Total. Add lines 1 through 3	71,046	69,015	266,045	129,446	152,698	688,250
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5						688,250
_	from line 4						
	ection B. Total Support		1				
100	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e)2015	(f) ⊤otal
7	A mounts from line 4	71,046	69,015	266,045	129,446	152,698	688,250
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,704	11,989	11,604	18,124	16,118	61,539
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
11	Total support. Add lines 7 through 10						749,789
12	Gross receipts from related activiti	es, etc (see instr	uctions)	I		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, Section C Computation of Public Support Percentage

_	cetion of compatation of rubine support refeelituge		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 790 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	92 810 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽

b 33 1/3% support test - 2014. 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 - 2015. 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

and stop here. The organization qualifies as a publicly supported organization

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2014. 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

instructions

Part III 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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)? 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? If "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		
.0a	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)	10 b		
.1	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	
	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	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
A verage monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)			
Section D - Distributions			Current Year			
A mounts paid to supported organizations to accom	plish exempt purposes					
2 Amounts paid to perform activity that directly furth		ported organizations in				
excess of income from activity	ers exempt purposes or supp	orted organizations, in				
3 Administrative expenses paid to accomplish exem	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instri						
7 Total annual distributions. Add lines 1 through 6						
7 Total allilual distributions. And lines 1 through 6						
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
	T	····	I			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
a						
b						
<u>C</u>						
d From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2015 distributable amount						
i Carryover from 2010 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7 \$						
a Applied to underdistributions of prior years						
b Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract						
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2016. Add lines 3j and 4c						
8 Breakdown of line 7						
a						
b						
c Excess from 2013						
d From 2014						
e From 2015						
		Schodulo A	(Form 990 or 990-F7) (2015			

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

<u> 2015</u>

DLN: 93493032009047

Open to Public Inspection

	me of the organization I LUIS OBISPO LITTLE THEATRE		Empl	oyer identification number
JAN	LOIS OBISTO LITTLE THEATRE		95-2	556678
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advi:	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit?			r purpose Yes No
Pa	It III Conservation Easements. Comple	te if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the	e organızatıon (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		ın hıstor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	ed by th	e organization during the
	tax year > _			
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		dling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, i year	nspecting, handling of violations, and enforc	ing cons	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	ation easements during the year
	> \$			
3	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of sec	ction 17	0 (h)(4) Yes No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		·
ar	Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·		

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torica	Trea	sures, or (Other	Similar A	sset	5
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, ch	nec k any	of the	following that	are a s	significant us	e of its	S
а		Public exhibition		d		oan or	exchange pro	grams			
b	_ ·	Scholarly research		е	Го	ther					
C	\Box	Preservation for future generations									
4	Provid Part >	de a description of the organization? III	s collections and exp	laın ho	w they fu	rther th	ne organizatio	n's exe	empt purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather th							lar Ve s	s [_ No
Pa	rt IV	Escrow and Custodial Arra		Form	000 0-	~ + T\/	امم ۵ مر دم	norto	d an amoun	+ 0 0	Farm 000
		Complete if the organization a Part X, line 21.	answered tes on	FOLIII	990, Pa	itiv,	iirie 9, or re	porte	u all allibuli	it on i	roilli 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other intern	nediary	for cont	rıbutıoı	ns or other as:	sets no	ot Yes	s Г	No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	llowing ta	ble			Am	ount	
c		Jinning balance	-				10	:			
d		ditions during the year					10	ı			
e		tributions during the year					16				
f		ling balance					1f				
2 a		e organization include an amount o	n Form 990, Part X, Iı	ne 21,	for escr	worcu	ــــــ ustodial accou	ınt lıat	ollity? 🗆 🗸	<u> </u>	 No
b		s," explain the arrangement in Part							•	•	
Pa	rt V	Endowment Funds. Comple									<u> </u>
		<u>'</u>	(a)Current year		nor year		Two years back		ree years back		ur years back
1 a	Begir	ning of year balance									
b	C ont	ibutions · · · · · · ·									
C	Net ii losse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
е		r expenditures for facilities rograms									
f	• A dmi	nistrative expenses									
g		f year balance									
2	Provid	· · · · · · · · · · · · · · · · · · ·	current year end hala	nce (lir	ne 1 a co	Lumn (s	a)) held as				
a		designated or quasi-endowment	carrent year end bala	nee (m	10 19,00	iaiiiii (c	i)) licia as				
		-									
b		anent endowment ▶									
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a		nere endowment funds not in the pos ization by	ssession of the organi	zation	that are	held an	id administere	d for t	he	г	/ N-
	-	related organizations							3a	(i)	res No
		lated organizations								(ii)	
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as requi	ed on s	Schedule	R? .			3	3b	
4	Desci	ibe in Part XIII the intended uses o		ndowm	ent fund:	5					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 0	00 Dar	- T\/ -	no 112 Soo	Form	000 Bart V	lino	10
		Description of property	alisweled tes to r	111111111111111111111111111111111111111	(a)	LIV, II	(b)	FOITH	Accumulated		d) Book value
		, , , ,			ost or othe (investm		Cost or other b	asıs	(c)depreciation		
1a	Land				,		(====)				
		gs		.							
		old improvements		.			26,	936	12,4	194	14,442
d	Equipm	nent		.			213,	809	190,5	31	23,278
е	Other			. □			6,	386	6,3	332	54

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

37,774

Part VII Investments—Other Securities. Conservation See Form 990, Part X, line 12.	omplete if the orgai	nization answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or categor (including name of security)	У	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)O ther			
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		_
Part VIIII Investments—Program Related.			
Complete if the organization answere (a) Description of investment	ed 'Yes' on Form 990	0, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. Complete if the organizat		Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Des	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	215)		•
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	ganızatıon answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	2	
Federal income taxes			
	15 (246	
ACCRUED VACATION PAYABLE	15,9	946	
ACCRUED WAGES	8,8	858	
CREDIT CARD PAYABLE	1,6	513	
DEFERRED REVENUE	112,4	189	
PAYROLL TAXES PAYABLE		49	
RETIREMENT PLAN PAYABLE	111	288	
	11,7		
		 	
		—	
-1.6		242	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, prov	150,2 ride the text of the foot		's financial statements that reports the
organization's liability for uncertain tax positions under XIII			

Schedule D (Form 990) 2015

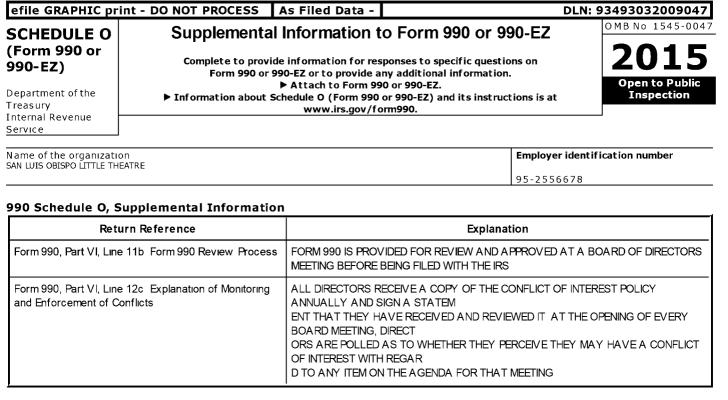
1

2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) o	n investments	2a		
b	Donated services and use of fa	cilities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		. 2d		
e	Add lines 2a through 2d			26	•
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			40	:
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	212)	5	
Part		penses per Audited Financial St		penses p	er Return.
		zation answered 'Yes' on Form 990,	'		
1	·	audited financial statements		1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of fa	cilities	2a		
b	Prior year adjustments		2b		
c	Otherlosses		2c		
d	Other (Describe in Part XIII)		. 2d		
e	Add lines 2a through 2d			. 20	e
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:			
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			40	c
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ine 18)	5	
		-		,	
Par	Supplemental Info	ormation			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			vide any additional
	Return Reference	Explanation			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information (continued)		
Return Reference	Explanation	



990 Schedule O, Supplemental Information Return Reference Explanation

Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and SALARIES FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AND REGULAR. Key Employees EVALUATIONS OF JOB PERFORMANCE

Form 990, Part VI, Line 19 Other Organization THE ORGANIZATION'S GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY. AND Documents Publicly Available YEAR-END FINANCIA L STATEMENTS ARE AVAILABLE UPON REQUEST IN THE OFFICE.

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD AFTER ANALYZING