990 Form

Department of the

Return of Organization Exempt From Income Tax

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public

OMB No. 1545-

Inspection

Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021 D Employer identification number B Check if applicable: SAN LUIS OBISPO REPERTORY THEATRE Address change 95-2556678 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite Application pending (805) 781-3889 City or town, state or province, country, and ZIP or foreign postal code SAN LUIS OBISPO, CA $\,$ 93406 $\,$ G Gross receipts \$ 2,359,192 F Name and address of principal officer: H(a) Is this a group return for KEVIN HARRIS subordinates? PO BOX 122 **H(b)** Are all subordinates SAN LUIS OBISPO, CA 93406 included? If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► SLOREP.ORG L Year of formation: 1952 M State of legal domicile: CA K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: SLO REP STRENGTHENS THEATRE'S CULTURAL INFLUENCE AND ENRICHES THE CENTRAL COAST BY PRODUCING PROFESSIONAL THEATRE, NURTURING ARTISTS AND PROVIDING THEATRE EDUCATION FOR CHILDREN AND ADULTS Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 1 5 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2020 (Part V, line 2a) . 17 6 2 5 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 1,119,842 1,473,157 Program service revenue (Part VIII, line 2g) 489,337 26,708 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15,676 36,359 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,604 117,965 1,670,459 1,654,189 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 371,285 314,462 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) 198,202 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 442,582 177,684 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 813,867 492,146 Revenue less expenses. Subtract line 18 from line 12 . 856,592 1,162,043 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . 2,571,145 3,739,055 Total liabilities (Part X, line 26) 128,480 97,667 2,442,665 3,641,388 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2022-04-19 Signature of officer Sian KEVIN HARRIS Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature Check | if P00823320 **Paid** self-employed Firm's EIN > 77-0287912 Firm's name Fitzpatrick Professional Accountancy Corp **Preparer Use Only** Firm's address > 755 Santa Rosa St Ste 200 Phone no. (805) 781-0688 San Luis Obispo, CA 93401 May the IRS discuss this return with the preparer shown above? (see instructions)

Part		t of Program Service				
1 [Check if Sch		e Accompils	hments		
1	Check ii Sen	edule O contains a respo	nse or note to ar	ny line in this Part I		🖂
	Briefly describe the	organization's mission:				
					IE CENTRAL COAST BY PRODU HILDREN AND ADULTS.	UCING PROFESSIONAL
	-	n undertake any significa or 990-EZ?			which were not listed on	☐ Yes 🔽 No
]	If "Yes," describe t	hese new services on Sc	nedule O.			
		n cease conducting, or m	ake significant cl	nanges in how it co	nducts, any program	☐Yes 🔽 No
]	If "Yes," describe t	hese changes on Schedu	le O.			
(expenses. Section		organizations are	e required to report	ree largest program services, as the amount of grants and alloca	
	(Code: THEATRICAL PRODUCT) (Expenses \$ IONS OF PROFESSIONAL QUAL	•	cluding grants of \$ TAINMENT, ENRICHMEN) (Revenue \$ IT AND EDUCATION OF THE PUBLIC.	666)
	(Code:) (Expenses \$		cluding grants of \$) (Revenue \$	26,042)
	ACADEMY OF CREATIV	E THEATRE HELPS YOUNG PERF	ORMERS DEVELOP L	IFE-LONG THEATRICAL	SKILLS AND BUILD SELF-ESTEEM WHIL	LE HAVING FUN.
4c	(Code:) (Expenses \$	in	cluding grants of \$) (Revenue \$)
4d		vices (Describe in Sched	•			
	(Expenses \$		ding grants of \$) (Revenue \$)
4e	Total program serv	vice expenses 🕨	95,677			Form 990 (2020)

Form	n 990 (2020)			Page :
Pa	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🐒 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 为 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a បីធ្វើវិទ្ធាត្ត ទល្បានមន្ត្រាស់ នេះ និងមនុស្ស dependent audited financial statements for the tax year? If "Yes," complete

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

complete Schedule D, Part III 🥵

negotiation services? If "Yes," complete Schedule D, Part IV 🥵

VIII, IX, or X as applicable.

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Nο

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

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Nο

Νo

Νo

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Nο

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Form 990 (2020)

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11d

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12a

12b

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14a

14b

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20a

20b

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Yes

Yes

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Νo

No

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Nο

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24b

24c

24d

25a

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1a

1b

Yes

Yes

Form **990** (2020)

Yes

'aı	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

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

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

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

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

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part 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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

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

Statements Regarding Other IRS Filings and Tax Compliance

 $\overline{ extsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

 ${f b}$ A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

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

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

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		Νο			
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account in a foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
	WBAthe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	_						
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		Νo			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to						
	file Form 8282?	7c		No			
u	These, indicate the number of Forms 6262 filed during the year						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?						
h							
	7h		No				
8	8						
9							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
-	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states						
r	in which the organization is licensed to issue qualified health plans						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
16	IS 't'Meso'r gamei i anstrom cationed warred i films Formshit 4.07 2001, Sudhjeedto l'eo Nithe section 4968 excise tax on net investment income?	16		N o			
	If "Yes," complete Form 4720, Schedule O.		orm 000	(2020)			
		Г	01111 33U	, (

year by the following: **a** The governing body? . .

taxable entity during the year? .

Section C. Disclosure

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Nο

Νo

Nο

Νo

Nο

Form 990 (2020) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI									
Se	ection A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax	1a	15							
	Yeller 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	15							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .										

	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 bu other officer, director, trustee, or key employee?			nip with	ar •
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,			
4	Did the organization make any significant changes to its governing documents since	the p	rior Form	990 wa	35
5	bladthe organization become aware during the year of a significant diversion of the	organi	zation's a	ssets?	

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the process for determining compensation of the following persons include a review and approval by

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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:

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

.

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written whistleblower policy?

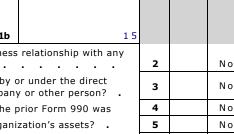
Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed



6

7a

7b

8b

10a

10b

11a

12a

12b

12c

13

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Νo

Form 990 (2020)

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not bo: h ar	chec x, unla n offic rustee Highest compensated	ess	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEVIN HARRIS	40.00			Х				87,457	0	8,342
Executive Dir.	0.00									
(2) JEFF OLDS Secretary	2.00	Х		X				0	0	0
(3) JAY BECK	2.00	Х						0	0	0
(4) JERRY CHIRPICH Director	2.00	Х						0	0	0
(5) MARCIA SCOTT	2.00									
Director	0.00	Х						0	0	0
(6) ELLIE WASHINGTON	2.00			.,						
Vice President	0.00	Х		Х				0	0	0
(7) CHIP VISCI	2.00								0	
Director	0.00	Х						0	0	0
(8) MICHAEL SIMKINS	2.00	Х		Х				0	0	0
PAST PRESIDENT	0.00	^		^				U	0	0
(9) RICHARD LUCKETT	2.00	x						0	0	0
Director	0.00	^						· ·		
(10) DIANE CLAUSEN	2.00	х						0	0	0
Director	0.00							,		
(11) DIANNE N LONG	2.00	x						0	0	0
Director	0.00									
(12) DEBORAH STEWART	2.00	Х		Х				0	0	0
Treasurer	0.00									
(13) WILDA ROSENE	2.00	Х						0	0	0
Director	0.00									
(14) KEITH GEORGE	2.00	Х						0	0	0
Director	0.00 2.00									
(15) SUSAN MINKER		Х						0	0	0
Director (16) DAM NICHTED	0.00 2.00									
(16) PAM NICHTER		х		Х				0	0	0
President	0.00									
										Form 600 (2020)
										Form 990 (2020)

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

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	not box h ar	checl x, unle n office rustee	ess er	(D Repor compen from organizat	table sation the ion (W-	(E) Reportable compensation from related organizations	5	(F) Estima amount o compens from t	ited f other sation
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC)	(W-2/1099- MISC)	C	organizati relat organiza	ed
1b :	Sub-Total			_	_		•							
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section A					•			87,457				8,342
2	Total number of individuals (including \$100,000 of reportable compensate)					d al	bove)	who	received i	more tha	ın	•		
	50.0	661											Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete Scheooline and the schooling and</i>	dule J for such in	ndividua		•	•		•				3		No
4	For any individual listed on line 1a, organization and related organizatindividual											4		N -
5	Did any person listed on line 1a rec	ceive or accrue	 compen	• satio	• on fr	• om	 anv ui	• nrela	• • ated organ	 ization d	• • or individual for	4		No
	services rendered to the organizat	ion? <i>If "Yes," con</i>										5		No
1	cction B. Independent Contr Complete this table for your five h compensation from the organization	ighest compens											tax vear.	
(A) Name and business address (B) Description of services									(C) Compensation					
_	Total number of independent contrac	tors (including l	out not	limit	ad to	- +h	oco lic	tod	abova) wh	o rocoiv	od moro than			

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

Form Part							Page S
	Check if Schedule	O contains a res	ponse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contril 	. 1b 1c 1d	41,300				
Con	f All other contributions, gifts and similar amounts not in above g Noncash contributions inclu lines 1a - 1f:\$ h Total. Add lines 1a-1f	cluded 1f Ided in 1g	1,431,857 509,144	1,473,157			
	2a EDUCATION		Business Code 611600	26,042	26,042		
Revenue	b THEATRICAL PRODUCTION:	S	711110	666	666		
Program Service Revenue	d						
Progra	e f All other program serv	vice revenue.					
	9 Total. Add lines 2a-2		26,708	1		I	
	3 Investment income (incother 4知他都@那柳柳柳 5 Royalties			<u> </u>	0		8,986
	6a Gross rents 6a b Less: rental	(i) Real	(ii) Personal	-			
	expenses c Rental income or d (Ness) ental income or	(loss)			0		
	7a Gross amount from sales of assets other than inventory b Less: cost or	(i) Securities 732,376		_			
	other basis and sales expenses c Gain or (loss) 7b 7c	705,003 27,373		_			
nue	d Net gain or (loss) . 8a Gross income from fundrais (not including \$ contributions reported on li See Part IV, line 18 .	of ine 1c).	· · · · >	27,37	3 27,373	3	
Other Revenue	b Less: direct expenses c Net income or (loss) f	8b	vents		0		
oth O	9a Gross income from ga activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) f	9a 9b	ities		0		
	10a Gross sales of inventoreturns and allowance b Less: cost of goods so	ory, less					
	c Net income or (loss) f	rom sales of inve	ntory		0		
	Miscellaneous R 11a ppp LOAN FORGIVE		Business Code 900099	9 117,96	5 117,965	5	
	ь						
	d All other revenue .						
	e Total. Add lines 11a-	11d		117,96	5		
	12 Total revenue. See in	structions	•	1,654,18	9 172,046	5	8,986

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colum	nns. All other organ	izations must comple	te column (A).
Check if Schedule O contains a response or note to	•	_		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	·	3	·
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	86,903	5,214	38,237	43,452
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	163,930	9,836	72,129	81,965
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	·		·
9 Other employee benefits	43,670	2,620	19,215	21,835
10 Payroll taxes	19,959	1,198	8,782	9,979
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	21,090		21,090	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,979		2,979	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		·	
12 Advertising and promotion	5,532	332	2,434	2,766
13 Office expenses	11,251	675	4,950	5,626
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	86	5	38	43
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	-		
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,349	501	3,674	4,174
23 Insurance	19,757	1,185	8,693	9,879
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.)				·
a PRODUCTION EXPENSE	16,451	16,451		
b COMMUNITY SUPPORT	15,904	15,904		
c BOX OFFICE/SUPPLIES	12,023	12,023		
d THEATER MAINTENANCE/SUPPLIES	10,956	10,956		
e All other expenses	53,306	18,777	16,046	18,483
25 Total functional expenses. Add lines 1 through 24e	492,146	95,677	198,267	198,202
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).				

_		(2020)					Page 11
Pa	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note to any line	e in this Part IX .			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			287,331	1	290,456
	2	Savings and temporary cash investments			1,480,750	2	2,480,638
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			11,800	4	0
	5 6	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons desc	r 35% (as defined		5	0	
	_		ilbed iii sectioi	1 4930(0)(3)(1)		6	0
sts	7	Notes and loans receivable, net		⊢		7	0
Assets	8	Inventories for sale or use			05.750	8	0
Ä	9	Prepaid expenses and deferred charges .			35,750	9	12,242
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	290,567			
	b	Less: accumulated depreciation	10b	257,633	41,283	10 c	32,934
	11	Investments—publicly traded securities .			441,387	11	513,772
	12	Investments—other securities. See Part IV, Ii			12	0	
	13	Investments—program-related. See Part IV, I			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		272,844	15	409,013	
	16	Total assets: Add lines 1 through 15 (must e	qual line 33)		2,571,145	16	3,739,055
	17	Accounts payable and accrued expenses .			17		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Comple	te Part IV of Sc	hedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or			22	
Ë	23	Secured mortgages and notes payable to unro	·	rtios		23	
	23 24					24	
		Unsecured notes and loans payable to unrela	•	_	128,480	25	97,667
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			120,400	25	97,007
	26	Total liabilities. Add lines 17 through 25 .			128,480	26	97,667
ces		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽 a	and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			928,935	27	1,124,664
d B	28	Net assets with donor restrictions			1,513,730	28	2,516,724
Fund		Organizations that do not follow FASB ASC 9	58, check here	▶ □ and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building or			30		
155	31	Retained earnings, endowment, accumulated i				31	
at A	32	Total net assets or fund balances	•	<u> </u>	2,442,665	32	3,641,388
Net	33	Total liabilities and het assets/fund balances			2,571,145	33	3,739,055
							Form 990 (2020

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?

Form 990 (2020)

3b

Form 990 (2020) **Additional Data** Return to Form **Software ID:** 20011551 Software Version: 2020v4.0 Form 990, Special Condition Description: **Special Condition Description**

990EZ) Department of the Treasury

(Form 990 or

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

fication number

	1.70	α .		
		nue Service ne organizat ISPO REPERTO		Employer identification
				95-2556678
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this p	art.) See instructions.
he (organiz	zation is not	t a private foundation because it is: (For lines 1 through 12, check only one bo	ox.)
1		A church,	convention of churches, or association of churches described in $\textbf{section 170}(\textbf{I}$	b)(1)(A)(i).
2		A school d	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E	EZ).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or

university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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. See section 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 (see instructions). You must complete Part IV, Sections A and D, and Part V.

not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally

integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of

organization organization listed in your governing monetary support (described on lines document? (see instructions) 1- 10 above (see instructions)) Yes No

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

(vi) Amount of other support (see instructions)

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

4,335,143

2,792,051

4,335,143

88,968

160,884

4,584,995

60.900 %

70.300 %

Section A. Public Support

membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

(or fiscal year beginning in) Gifts, grants, contributions, and

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

Section B. Total Support

securities loans, rents, royalties and income from similar sources

business activities, whether or not the business is regularly carried

or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from

Calendar year

line 4.

Calendar year

0-	EZ)	20	20	
	_	_		_

|--|

(a) 2016

(a) 2016

Section C. Computation of Public Support Percentage

246,716

246,716

246,716

16.093

(b) 2017 577,038

(b) 2017

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2019. 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 $\ldots\ldots\ldots\ldots\ldots\ldots$

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

16a 33 1/3% support test-2020. 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-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2019 Schedule A, Part II, line 14

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

577,038

577,038

13,990

919,190

(c) 2018

(c) 2018

919,190

919,190

19,954

(d) 2019

(d) 2019

1,119,842

1.119.842

1,119,842

13.812

42,919

(e) 2020

1,472,357

(e) 2020

12

14

15

1.472.357

1,472,357

25,119

117,965

(f) Total

(f) Total

4,335,143

1,543,092

10 Other income. Do not include gain

13 First 5 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,

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020						Page
P	Support Schedule f						
	(Complete only if you						fy under Part
_	II. If the organization	fails to qualify	y under the te	sts listed below	ı, please compl	ete Part II.)	
	ection A. Public Support		T	T		1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in)	. ,	. ,	1, ,	. ,	,	,
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						
	T			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The section of the se						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
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.)						
	ection B. Total Support	Т	1		Т	1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) 🕨	. ,	. ,	, ,	, ,	,	,
9	Amounts from line 6						
.0a	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.				+		1
С	Add lines 10a and 10b.		ļ	1			
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1	1		1	1
13	Total support. (Add lines 9, 10c,						
	11, and 12.).		1	1			<u> </u>
14	First 5 years. If the Form 990 is for t						
	check this box and stop here	<u> </u>	<u></u> .	<u></u> .	<u></u> .	<u> </u>	▶
Se	ection C. Computation of Publ	ic Support P	ercentage	<u> </u>			<u> </u>
15	Public support percentage for 2020 (2 13, column (f))		. 15	
	Public support percentage from 201	•	•				
16						16	
Se	ection D. Computation of Inve						
17	Investment income percentage for 2	2020 (line 10c, co	olumn (f) divided	by line 13, colur	nn (f))	. 17	
18	Investment income percentage from	2019 Schedule	A, Part III, line	17		18	
	331/3% support tests—2020. If the o	rganization did r	not check the bo	x on line 14, and	line 15 is more tl		line 17 is not
	more than 33 1/3%, check this box ar						

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

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

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

No

11	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 lines 11b and 11c			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations		ı	
	/ 11 3 3		Yes	No
1	Did the officers, 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		
	ection C. Type II Supporting Organizations			
	cetton of Type 12 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
_	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ <u>S</u>	ection ^z b ^{:o} Afi ⁾ Type III Supporting Organizations		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2 above, 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	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	_
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a 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 lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year

Page **6**

(B) Current Year

(optional)

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
		1 1a		
a	short tax year or assets held for part of year):			
a	short tax year or assets held for part of year): Average monthly value of securities	1a		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	1a 1b		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1a 1b 1c		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1a 1b 1c		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

1

3

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2 3 4

4

5 6

7

8

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

Current Year

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D^Or อาการสา

b Excess from 2017.
 c Excess from 2018.
 d Excess from 2019.
 e Excess from 2020.

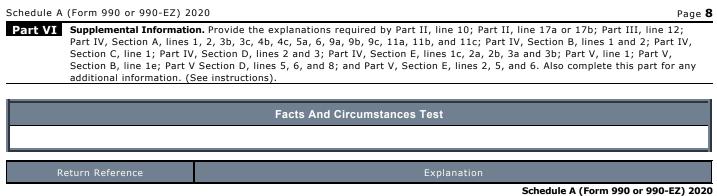
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

1

Page 7

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
		4		
red - provide details in Part V	I)	5		
•	-,			
tions		6		-
		7		
which the organization is res	sponsive	8		
		9		
		10		
(2)	(i			(iii)
(I) Excess Distributions	Underdist	tributio	ons	Distributable Amount for 2020
				Amount for 2020
	purposes of supported organized - provide details in Part V tions which the organization is res	purposes of supported organizations red - provide details in Part VI) tions which the organization is responsive (i) (i) Underdist	purposes of supported organizations 4 red - provide details in Part VI) 5 tions 6 7 which the organization is responsive 8 9 10 (ii) Inderdistribution	purposes of supported organizations 4 red - provide details in Part VI) 5 tions 6 7 which the organization is responsive 8 9 10 (i) Excess Distributions Underdistributions



Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

2020

Employer identification number

OMB No. 1545-0047

SAN LUIS OBISPO REPERTORY THEATRE 95-2556678 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

13X Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SAN LUIS OBISPO REPERTORY THEATRE

Employer identification number 95-2556678

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(d)

Date received

Date received

Page 3

ar	I	Noncas	sh Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
A11	2015	001310	KEI EKIOKI	THEATRE

No. from Part I	Descript
_	
(a)	
No. from	Descript
Part I	Везепри
_	
-	

(a)

(a)

No. from

Part I

Part I

(a)

No. from

Part I

tion of noncash property given

(b) tion of noncash property given

(b) Description of noncash property given

(b)

Description of noncash property given

(a) No. from Part I

(a)

(b) No. from

Description of noncash property given

(b)

Description of noncash property given

(c)

(See instructions)

Employer identification number

95-2556678

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

FMV (or estimate)

(See instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(d)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page
	rganization OBISPO REPERTORY THEATRE		Employer identification number
	OBISTO REFERTORY THEATRE		95-2556678
Part III	Exclusively religious, charitable, etc., contr total more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete col art III, enter the total of exclusive formation once. See instruction	umns (a) through (e) and the following ly religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and ZIP 4	Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from	Transferee's name, address, and ZIP 4 (b) Purpose of gift	Relati	onship of transferor to transferee (d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) use or gift	(u) Description of now grit is netu
		(e) Transfer of gift	
	Transferee's name, address, and ZIP 4	Relati	onship of transferor to transferee
(a)			
No.`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relati	onship of transferor to transferee
		-	

Additional Data		Return to Form
	Software ID:	20011551
	Software Version:	2020v4.0

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization		Employer identification number
SAI	I LUIS OBISPO REPERTORY THEATRE		95-2556678
Pā	rt I Organizations Maintaining Donor A		•
	Complete if the organization answered "		425
	Table of a decided	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizati		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don impermissible private benefit?	or or donor advisor, or for any other purpor	se conferring
Pa	rt II Conservation Easements. Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the or		
	Preservation of land for public use (e.g., recreation	,	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2		d a sublified consequentian contribution in th	as form of a concentration
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a quaimed conservation contribution in the	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac		2d
3	historic structure listed in the National Register Number of conservation easements modified, transfe		by the organization during the
4	Number of states where property subject to conserv	ation assement is located	
4 5	Does the organization have a written policy regarding		ling of
,	violations, and enforcement of the conservation ease	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enforci	ng conservation easements during the
7	Amount of expenses incurred in monitoring, inspecting \$	ng, handling of violations, and enforcing co	onservation easements during the year
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	· ·
Pai	Complete if the organization answered "	ons of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	ld for public exhibition, education, or resea	arch in furtherance of public
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held provide the following amounts relating to these items	ASC 958, to report in its revenue stateme for public exhibition, education, or research	ent and balance sheet works of
	(i) Revenue included on Form 990, Part VIII, line $1 \cdot$		> \$
	i) Assets included in Form 990, Part X · · · · · ·		
2	If the organization received or held works of art, hist	orical treasures, or other similar assets for	
а	following amounts required to be reported under FAS Revenue included on Form 990, Part VIII, line 1	•	
b	Assets included in Form 990, Part X		
	Panerwork Peduction Act Notice see the Instructions		

52283D

3	Using the organization's acquisition, access collection items (check all that apply):	sion, and othe	er records,	check a	ny of t	he following tha	t are a significa	int use of its	
а	Public exhibition		d		Loan	or exchange pro	grams		
b	Scholarly research		e		Other				
c	Preservation for future generations								
4	Provide a description of the organization's Part XIII.	collections an	d explain h	ow they	furthe	er the organizati	on's exempt pu	rpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes I	No
Pa	Escrow and Custodial Arran Complete if the organization an Part X, line 21.		s" on Form	າ 990,	Part I	V, line 9, or re	eported an an	nount on Fo	orm 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							Yes 🗆 I	No
ь	If "Yes," explain the arrangement in Part X	III and comp	lete the foll	owing t	able:		Amo	ount	
c	Beginning balance	•		_		1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance								
2-	Did the organization include an amount on						ount liability?	Yes I	No.
2a	•••	FOI 111 990, Pa	art X, IIIIe Z	1, 101 6	SCIOW	or custodial acc	ount nability?	103 []	
b	If "Yes," explain the arrangement in Part X	III. Check he	ere if the ex	planati	on has	been provided i	n Part XIII	□	
Pa	rt V Endowment Funds.								
	Complete if the organization an								
	Daniumium of warm balance	(a) Current	t year (b) Prior	year	(c) Two years bac	k (d) Three years	back (e) Four	years back
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships	1			ĺ				
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	rrent year en	d balance (line 1g,	colum	n (a)) held as:	•		
а	Board designated or quasi-endowment								
b	Permanent endowment								
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sl	nould equal 1	.00%.						
3а	Are there endowment funds not in the poss	ession of the	organizatio	n that a	are held	d and administer	ed for the		
	organization by: (i) Unrelated organizations							3a(i)	es No
	(ii) Related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations			n Sched	ule R?	• •		3b	
_								<u> </u>	
4	Describe in Part XIII the intended uses of t		ion's endow	ment f	unds.				
Рa	rt VI Land, Buildings, and Equipm Complete if the organization an		s" on Form	990	Dart I	V line 11a S	ae Form 990	Dart Y line	10
	Description of property (a) Cost or oth (investment)	ner basis ((b) Cost or oth					(d) Book	
12	Land	+							
	Buildings	+							
	Leasehold improvements				26,936		19,704		7,232
	·	+			257,245		231,543		25,702
	Other				6,386		6,386		23,702
_	Ouici				2,300	1	3,300		

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

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 99	ιΩ Part I\	/ line	11h See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book		(c) Method	d of valuation:
(1) Financia	(including name of security) al derivatives	value		Cost or end-or	-year market value
(2) Closely	-held equity interests				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part	Investments—Program Related.	O Dowt IV	/ line	11. Con Form (100 Park V line 12
VIII	Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	o, Part IN	, iine	(b) Book value	(c) Method of valuation:
	(a) Description of Investment			(b) Book Value	Cost or end-of-year market
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		۰		
Part IX	Complete if the organization answered 'Yes' on Form 990), Part IV	, line	11d. See Form 990), Part X, line 15.
(4) 00 11 0 7 1	(a) Description				(b) Book value
(1)CONSTR	RUCTION IN PROGRESS				409,013
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				409,013
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990), Part IV	, line	11e or 11f.	
1.	See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
(1) Federal	income taxes				
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 25.)	atnota to 11	20.0==	nization's financia	97,667
	for uncertain tax positions. In Part XIII, provide the text of the foo n's liability for uncertain tax positions under FIN 48 (ASC 740). Cl				

Page 4

Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		_
al revenue, gains, and other support per audited financial statements	1	

Tota 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2a

Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line **2e** from line **1**

Donated services and use of facilities . .

Prior year adjustments

Add lines 2a through 2d

Subtract line 2e from line 1

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

Add lines **4a** and **4b**

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

Donated services and use of facilities

2c 2d

2b

4a

4b

2a

2h 2c

2d

4a

4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Explanation

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

2e 3

Part XII

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c 5 1

2e

3

4c

Schedule D (Form 990) 2020

	C
	d
	e
3	
4	

Part XIII

1

2

(Form 990)

SCHEDULE M

Department of the Treasury

SAN LUIS OBISPO REPERTORY THEATRE

Internal Revenue Service Name of the organization

Noncash Contributions

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

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

95-2556678 Types of Property (d) (a) (b) (c) Check if Number of contributions Noncash contribution Method of determining applicable or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 g 1 Art—Works of art . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes

Intellectual property . . . Securities-Publicly traded . 508,344 FMV Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Oualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate-Other . . . **18** Collectibles 19 Food inventory . . . Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Other ► (SUPPLIES) Χ 4 800 FMV 26 Other ▶ (______) **27** Other ▶ (______) 28 Other ► (_ 29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that least three years from the date of the initial contribution, and which isn't required to be used for

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Yes

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

No

Νo

Νo

Νo

b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

30a

31

32a

Additional Data		Return to Form
	Software ID: 20011551	
	Software Version: 2020v4.0	

SCHEDULE 0 (Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest information.

Explanation

Inspection

OMB No. 1545-0047

Namel Bevine organization
SAN LUIS OBISPO REPERTORY THEATRE

Return

Employer identification number 95-2556678

Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	FORM 990 IS PROVIDED FOR REVIEW AND APPROVED AT A BOARD OF DIRECTORS MEETING BEFORE BEING FILED WITH THE IRS.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	ALL DIRECTORS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY AND SIGN A STATEMENT THAT THEY HAVE RECEIVED AND REVIEWED IT. AT THE OPENING OF EVERY BOARD MEETING, DIRECTORS ARE POLLED AS TO WHETHER THEY PERCEIVE THEY MAY HAVE A CONFLICT OF INTEREST WITH REGARD TO ANY ITEM ON THE AGENDA FOR THAT MEETING.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Managing Artistic Director is the CEO of the organization. Compensation is established annually by a vote of the entire board of directors after the employees performance review and with consideration of compensation to the top management position in comparable or similar organizations in the San Luis Obispo area and elsewhere. Documentation of the compensation decision is included in the employees personnel file.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD AFTER ANALYZING SALARIES FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AND REGULAR EVALUATIONS OF JOB PERFORMANCE.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND YEAR-END FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE OFFICE.
Form 990, Part IX, Line 24e: Other Expenses	ACT EXPENSES: Column (A) - Total = \$10628; Column (B) - Program Services = \$10628; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	CAPITAL CAMPAIGN EXPENSES: Column (A) - Total = \$250; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$250
Form 990, Part IX, Line 24e: Other Expenses	CREDIT CARD MERCHANT FEES: Column (A) - Total = \$5961; Column (B) - Program Services = \$5961; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	DIVERSITY EXPENSE: Column (A) - Total = \$2006; Column (B) - Program Services = \$120; Column (C) - Management & General = \$883; Column (D) - Fundraising = \$1003
Form 990, Part IX, Line 24e: Other Expenses	DUES AND SUBSCRIPTIONS: Column (A) - Total = \$1496; Column (B) - Program Services = \$90; Column (C) - Management & General = \$658; Column (D) - Fundraising = \$748
Form 990, Part IX, Line	MEETINGS: Column (A) - Total = \$668; Column (B) - Program Services = \$40; Column (C) - Management & General = \$294; Column (D) - Fundraising = \$334

Return Reference	Explanation
24e: Other Expenses	
Form 990, Part IX, Line 24e: Other Expenses	MERCHANDISE: Column (A) - Total = \$1152; Column (B) - Program Services = \$69; Column (C) - Management & General = \$507; Column (D) - Fundraising = \$576
Form 990, Part IX, Line 24e: Other Expenses	MISCELLANEOUS: Column (A) - Total = \$1625; Column (B) - Program Services = \$98; Column (C) - Management & General = \$715; Column (D) - Fundraising = \$812
Form 990, Part IX, Line 24e: Other Expenses	OUTDOOR SPACE: Column (A) - Total = \$7427; Column (B) - Program Services = \$446; Column (C) - Management & General = \$3268; Column (D) - Fundraising = \$3713
Form 990, Part IX, Line 24e: Other Expenses	Postage and Shipping: Column (A) - Total = \$2740; Column (B) - Program Services = \$164; Column (C) - Management & General = \$1206; Column (D) - Fundraising = \$1370
Form 990, Part IX, Line 24e: Other Expenses	Printing and Publications: Column (A) - Total = \$2119; Column (B) - Program Services = \$127; Column (C) - Management & General = \$932; Column (D) - Fundraising = \$1060
Form 990, Part IX, Line 24e: Other Expenses	TELEPHONE: Column (A) - Total = \$7632; Column (B) - Program Services = \$458; Column (C) - Management & General = \$3358; Column (D) - Fundraising = \$3816
Form 990, Part IX, Line 24e: Other Expenses	UTILITIES: Column (A) - Total = \$7315; Column (B) - Program Services = \$439; Column (C) - Management & General = \$3219; Column (D) - Fundraising = \$3657
Form 990, Part IX, Line 24e: Other Expenses	WEBSITE: Column (A) - Total = \$2287; Column (B) - Program Services = \$137; Column (C) - Management & General = \$1006; Column (D) - Fundraising = \$1144