

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 www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

For the 2016 calendar year, or tax year beginning , 2016, and ending


Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THEATRE 831 2567 S MAIN STREET SOQUEL, CA 95073	D Employer identification number 47-1910063	E Telephone number
F Name and address of principal officer: THERESA ROADES SAME AS C ABOVE		G Gross receipts \$ 226,647.	
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
Website: ▶ ALLABOUTTHEATRE.ORG		H(c) Group exemption number ▶	
Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2014 M State of legal domicile: CA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a).....	3 3
4 Number of independent voting members of the governing body (Part VI, line 1b).....	4 3
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	5 1
6 Total number of volunteers (estimate if necessary).....	6 40
7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34.....	7b 0.
	Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h).....	177,712. 4,685.
9 Program service revenue (Part VIII, line 2g).....	198,636. 221,962.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	376,348. 226,647.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
14 Benefits paid to or for members (Part IX, column (A), line 4).....	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	45,500. 26,984.
16a Professional fundraising fees (Part IX, column (A), line 11e).....	
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	168,073. 227,433.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	213,573. 254,417.
19 Revenue less expenses. Subtract line 18 from line 12.....	162,775. -27,770.
	Beginning of Current Year End of Year
20 Total assets (Part X, line 16).....	174,309. 150,455.
21 Total liabilities (Part X, line 26).....	11,534. 15,450.
22 Net assets or fund balances. Subtract line 21 from line 20.....	162,775. 135,005.

Part II 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.

Signature	Signature of officer THERESA ROADES Type or print name and title	Date PRESIDENT	
Preparer	Print/Type preparer's name JAMES D. REDDELL	Preparer's signature 	Date 9/06/17
Preparer (Self-Employed)	Firm's name REDDELL AND KREMER ACCOUNTANCY CORP.	Firm's EIN ▶ 81-0805168	Check <input type="checkbox"/> if self-employed PTIN P00480997
	Firm's address 412 CEDAR ST., SUITE E SANTA CRUZ, CA 95060	Phone no. (831) 457-1120	Do you agree to let the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT'S COPY