

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROGER HENRIKSEN	1.00									
CHAIR-LEGACY	0.00	X						0	0	
(13) CAROL HATCH	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(14) JASON HEWLETT	1.00									
TTEE-LEGACY	0.00	X						0	0	
(15) RP MONSEN	1.00									
TTEE-MARKETING	0.00	X						0	0	
(16) ANNA WILEY	1.00									
CHAIR-MARKETING	0.00	X						0	0	
(17) PATRICE ARENT	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(18) LYLE BEECHER	1.00									
TTEE-LEGACY	0.00	X						0	0	
(19) DEREK BROWN	1.00									
TTEE-LEGACY	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RON BURT	1.00									
TTEE-LEGACY	0.00	X						0	0	
(13) AARON CALL	2.00									
CHAIR-DEVELOPMENT	0.00	X						0	0	
(14) ROB CORCORAN	1.00									
TTEE-MARKETING	0.00	X						0	0	
(15) LEW CRAMER	1.00									
TTEE-LEGACY	0.00	X						0	0	
(16) CHARLES DAHLQUIST	1.00									
TTEE-LEGACY	0.00	X						0	0	
(17) JEFF DAVIS	1.00									
TTEE-LEGACY	0.00	X						0	0	
(18) K NEWELL DAYLEY	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(19) JOAN FENTON	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LARRY GIBSON	1.00									
TTEE-LEGACY	0.00	X						0	0	
(13) NATHAN HALE	1.00									
TTEE-LEGACY	0.00	X						0	0	
(14) CHRISTY ALTER HAYMOND	1.00									
TTEE-MARKETING	0.00	X						0	0	
(15) EARL HURST	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(16) PAUL HUTCHINSON	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(17) ANNE-MARIE LAMPROPOULOS	1.00									
TTEE-LEGACY	0.00	X						0	0	
(18) DAVID LAYTON	1.00									
TTEE-LEGACY	0.00	X						0	0	
(19) AL MANBEIAN	1.00									
TTEE-MARKETING	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) NATALIE MONTAGUE	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(13) JEFF MOSS	1.00									
TTEE-DEVELOPMENT	0.00	X					0	0	0	
(14) STERLING NIELSEN	1.00									
TTEE-DEVELOPMENT	0.00	X					0	0	0	
(15) SCOTT PARSON	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(16) JASON PERRY	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(17) TYLER PLOEGER	1.00									
TTEE-FINANCE	0.00	X					0	0	0	
(18) SEAN REYES	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(19) SEAN SLATTER	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JOEL STEADMAN</b>	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	0
(13) <b>JANE STICKEL</b>	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	0
(14) <b>JEFF SWINTON</b>	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	0
(15) <b>WARREN TATE</b>	1.00									
TTEE-LEGACY	0.00	X						0	0	0
(16) <b>DAVE TINNEY</b>	1.00									
TTEE-ARTISTIC	0.00	X						0	0	0
(17) <b>STEVE VINCENT</b>	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	0
(18) <b>ROGER CHRISTENSEN</b>	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	0
(19) <b>AMY REES ANDERSON</b>	1.00									
TTEE-LEGACY	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KEVIN BAUER	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(13) CHRIS MCCANDLESS	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(14) MARTSIE WEBB	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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**Section B. Independent Contractors**

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,021,589				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	947,033				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			1,968,622			
<b>Program Service Revenue</b>	<b>2a</b> ADMISSIONS	Busn. Code	5,159,090	5,159,090			
	<b>b</b> CONCESSIONS & GIFT SALES		224,173	224,173			
	<b>c</b> COSTUME & SET RENTALS	532000	97,391		97,391		
	<b>d</b> ACTING CLASSES		79,864	79,864			
	<b>e</b> RENTAL INCOME		15,420			15,420	
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			5,575,938			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		208,279			208,279
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>b</b> Less: rental exps.					
		<b>c</b> Rental inc. or (loss)					
<b>d</b> Net rental income or (loss)							
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		9,000					
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)	9,000				
<b>d</b> Net gain or (loss)				9,000	9,000		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b> MISCELLANEOUS INCOME			12,056	12,056			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			12,056				
<b>12 Total revenue.</b> See instructions.			7,773,895	5,484,183	97,391	223,699	

**Part IX Statement of Functional Expenses**

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

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

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	428,229	254,548	52,226	121,455
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,414,831	1,301,915	112,916	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,133	47,306	2,957	8,870
9 Other employee benefits	212,200	164,757	20,612	26,831
10 Payroll taxes	236,417	200,954	11,821	23,642
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	81,544	81,544		
d Lobbying	36,000	36,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	209,821	209,821		
13 Office expenses	182,050	168,832	10,707	2,511
14 Information technology	106,018	96,947	5,103	3,968
15 Royalties	311,991	311,991		
16 Occupancy	873,025	812,067	43,541	17,417
17 Travel	33,640	32,737		903
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	43,182	43,182		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	231,088	231,088		
23 Insurance	58,811	55,160	2,608	1,043
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 <b>PRODUCTION COSTS</b>	2,306,618	2,306,618		
b <b>CREDIT CARD FEES</b>	140,758	140,633		125
c <b>PAYROLL PROCESSING</b>	95,127	76,102	4,756	14,269
d <b>DEVELOPMENT EXPENSES</b>	38,110		712	37,398
e All other expenses	129,142	102,185	3,814	23,143
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>7,227,735</b>	<b>6,674,387</b>	<b>271,773</b>	<b>281,575</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	320,754	1	498,492
	2 Savings and temporary cash investments	1,532,092	2	1,276,934
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	223,088	4	219,965
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	168,716	9	180,502
	10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a 4,990,891		
	b Less: accumulated depreciation	10b 1,970,386	3,216,832	10c 3,020,505
	11 Investments—publicly traded securities		11	1,746,313
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	537,679	15	591,129
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,999,161	16	7,533,840	
Liabilities	17 Accounts payable and accrued expenses	454,696	17	440,855
	18 Grants payable		18	
	19 Deferred revenue	3,220,371	19	4,200,092
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,128,107	24	1,062,017
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	579,962	25	668,694
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,383,136	26	6,371,658
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	616,025	27	939,169
	28 Temporarily restricted net assets		28	223,013
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	616,025	33	1,162,182	
34 <b>Total liabilities and net assets/fund balances</b>	5,999,161	34	7,533,840	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,773,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,227,735
3	Revenue less expenses. Subtract line 2 from line 1	3	546,160
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	616,025
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,162,182

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HALE CENTRE THEATRE**

Employer identification number

**84-1420029**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: \_\_\_\_\_
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013