Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ 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

A	For the	2015 calendar year, or tax year beginning 09/01 , 2015, and end	ing 08	3/31	, 20 16		
В	Check if	applicable: C Name of organization VILLAGE THEATRE		D Employ	er identification number		
	Address	change Doing business as			91-1077130		
	Name cl	nange Number and street (or P.O. box if mall is not delivered to street address) Room/s	uite	E Telepho	ne number		
	Initial ret				425-392-1942		
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amende	d return Issaguah, WA, 98027		G Gross re	eceipts \$ 11,717,624		
	Applicat	ion pending F Name and address of principal officer: Robert W Hunt	H(a) Is this a o	roup return for	subordinates? Yes V No		
		303 Front St N, Issaguah, WA 98027	1		s included? Yes No		
ı	Tax-exe	mpt status:			ee instructions)		
J	Website		H(c) Group	exemption	number 🕨		
_		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ➤ L Year of form.			of legal domicile: WA		
V382339613267	aril	Summary					
	1	Briefly describe the organization's mission or most significant activities: To in	spire and enli	ohten aud	tiences in the Pacific		
ø		Northwest through professional, top quality live theatre productions; train young p		B			
Governance		support the growth of the musical theatre art form through the development of rele					
E	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		F I	25		
ග ඡ	4	Number of independent voting members of the governing body (Part VI, line 1b		4	25		
es	- 5		, . , , .	5	592		
Viti	6	Total number of volunteers (estimate if necessary)		6	850		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0		
		1401 di licultado basilicas taxable interne ironi i seni coc i, silo co- i i i i i	Prior Ye		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		.164,862	2,255,706		
Revenue	9	Program service revenue (Part VIII, line 2g)			723,825 8,844,857		
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,638	2,904		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		375,755	388,609		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11	,269,080	11,492,076		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	, ,	0	0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0		
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	***	,448,366	7,699,596		
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		63,925	45,359		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 609,914		03,723	40,20		
Ä	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3	,703,109	3,703,463		
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,215,400	11,448,418		
	19	Revenue less expenses. Subtract line 18 from line 12		53,680	43,658		
_ 97	ļ	nevenue less expenses. Subtract line 10 north line 12 , , , ,	Beginning of Cu		End of Year		
Assets or d Balances	20	Total assets (Part X, line 16)		,846,704	15,173,757		
Asse	21	Total liabilities (Part X, line 26)	***************************************	,498,433	6,780,460		
Pund	22	Net assets or fund balances. Subtract line 21 from line 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,348,271	8,393,297		
		Signature Block		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,073,277		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to the	ne best of n	ny knowledge, and helief, it is		
tru	e, correct	, and complete, Declaration of preparer (other than officer) is based on all information of which prepare	ar has any knowl	edge.			
			/ 	1/-11	117		
Sig	m	Signature of officer	. Da	te /	/ - (
He		Robert W Hunt, Executive Producer					
		Type or print name and title					
B-0	± _1)ate	05	T # PTIN		
Pa				Check L	if bloyed		
	epare		Elec	's EIN ▶	• • • • • • • • • • • • • • • • • • • •		
US	e Onl	Firm's name		ne no.			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	1 - 1 - 1	no no.	Yes No		
	,		·				

Form 990 (2015)

Page 2

Form 99				Page 3
Pane	Checklist of Required Schedules		1 34	T a.r.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
E	complete Schedule A	1	8.00	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	b'	
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		V
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? <i>If "Yes," complete Schedule C, Part II</i>	4	V	
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		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		6 /4
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		8,500
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		5 '
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	V	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			new menery
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	s.co	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		\$ /
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		\$.v*
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		€/
Ť.	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		W
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	V	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Eyen .
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		3.00
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		4
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		600
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	V	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		e/	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18 19	<i>•</i>	5 /
	to the many the confidence of			-

FIL	Checklist of Required Schedules (continued)		3.6	
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No W
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1500
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		3 ∕
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		€er*
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		360
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Serv
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," complete Schedule L, Part II	26		**
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		s.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	Be ^{co}	V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	le d'	
31	conservation contributions? If "Yes," complete Schedule M	30		<i>y</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		5/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		8/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		î.v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		*
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> , <i>Part VI</i>	37		82
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	···	

Pari	MID:NUTA			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68	11.000	940000	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	2/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100114	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 592			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	10.0		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		800
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		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			3/
	account)?	4a	***************************************	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		64
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		5/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		الموي
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	*****	***************************************	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	800	
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	markalmaka kasalaya	V
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	46.454	•
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Barr
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10.144.56		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
d	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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	v.,	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			na media Marked Sp
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.	1000		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	- 1	

	Check if Schedule O contains a response or note to any line in this Part VI			V
Secti	on A. Governing Body and Management		.,	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	:		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	10000		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	100	1323	
	any other officer, director, trustee, or key employee?	2		8/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		80°
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		6
6	Did the organization have members or stockholders?	6		V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7lo		5~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		Nigot (
	the year by the following:			
а	The governing body?	8a	2/	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		V
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	,	,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Berr .
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	mirmalmentes
d	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		Maria da
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<i>V</i>	
b		120		***************************************
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	6/	
14	Did the organization have a written document retention and destruction policy?	14	٧	***************************************
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	6/	
b	Other officers or key employees of the organization	15b	4	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		V
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?	16b		
Section	on C. Disclosure		·I	
17	List the states with which a copy of this Form 990 is required to be filed way			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			,
	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest !	policy	, and
	financial statements available to the public during the tax year.		,	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>	
	Diane Wright (425)392-1942			

Form 990 (2015	,	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
				(6	C)					
(A)	(B)	١	Position do not check more					(D)	(E)	(F)
Name and Title	Average	j (do n						Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from	
	week (list any hours for	익물	Ē	Q	<u>چ</u>	8,3	7	from the	related organizations	other compensation
	related	Individual trustee or director	stitu	Officer	Key employee	plo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Ctal	ion		100	Vee C	٦	(W-2/1099-MISC)		organization and related
	line)	trus	ם		уе	Ę				organizations
		tee	Institutional trustee		"	Highest compensated employee				-
			0		ļ	ited				
Heather Goff	5									
Past President	0	V						0	0	0
Dan Anderson	3								<u> </u>	<u> </u>
Board Member	0	5/						0	0	0
Dick Jones	3						İ		-	
Board Member	0	V						О .	0	0
Lynnda Kilpatrick	3									
Board Member	0	V							0	0
Leigh Flor	5									
Treasurer		V						0	0	0
Amy Murray	3									
Board Member	0	Box						0	0	0
Bruce Wanta	5									
President	0	•						0	0	0
Gary Kneepkens	3									
Board Member	0	800						0	0	00
Derek Watanabe	5									
Vice President	0	•						0	0	0
Jill Kling	5	. :								
Secretary	0	<i>م</i> يه						0	0	0
Lissa Griffith	3									
Board Member	0	6/						0	0	0
Chuck Dennis	3									
Board Member	0	٧						0	0	0
Lynn Juniel	3		-							
Board Member	0	V						0	0	0
Twyla Lucas	3									
Board Member	0	V					L	0	0	0

Form 990 (2015) Page **7 - 2**

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

	1				C)			1		
					o, sition			1		4-1
(A)	(B)					eck more than		(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an officer and a director/trustee) Reportable compensation						compensation	Reportable compensation from	Estimated amount of
	week (list any				·	·		from	related	other
	hours for related	r div	istit	Officer	ey e	The light	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	क	Key employee	oyee	è	(W-2/1099-MISC)		organization
	below dotted line)	7 5	nait		loye	tuo.				and related organizations
	inte)	stee	rust		0	Derris				Organizations
			8			Highest compensated employee				
John Seethoff	3									
Board Member	0	€′						0	.0	0
Beth Meidinger	5									
President Elect	0	Barr .						0	0	0
Judy Yu	3									
Board Member	0	8/						0	0	0
Kevin Pazaski	3									
Board Member	0	•/						0	0	0
Matt Poischbeg	3									
Board Member	0	V						0	0	0
Amy Gibart	3									
Board Member	0	8						0	0	0
Jeff Decker	3									
Board Member	0	4					ļ	0	0	0
William McSherry	3									
Board Member	0	⊌∕						0	0	0
Ann Thornton	3									
Board Member	0	V						0	0	0
Gerald Magnani	3									
Board Member	0	85					ļ	0	0	0
J Patrick Ostrander	3									
Board Member	0	€/					ļ	0	0	0
Christine Shuken	3									
Board Member	0	V						0	0	0
Susann Edmond	3									
Board Member	0	V						0	0	0
Robert W Hunt	50									
Executive Producer	0			6	•	•		191,762	0	14,331

Par	Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, a	nd F	lighe	st C	ompensated E	mployees	(contin	ued)
					•	C)						
	(A)	(B) Position (do not check more						(D)		(E)		(F)
	Name and title	Average		(do not check box, unless p					an Reportable	Reportable	ble	Estimated
		hours per					or/trus		compensation	compensation		amount of
		week (list any hours for	or or	ins	Qf	8	æ H	Fo	from the	related organizat		other compensation
		related	Individual trustee or director	Ě	Officer	Key employee	phes	Former	organization	(W-2/1099-		from the
		organizations	cto	lö	'	l de	yee yee	1	(W-2/1099-MISC)			organization
		below dotted line)	T E	altr		уе	de					and related organizations
			stee	Institutional trustee		"	Highest compensated employee		-			3
				ě			ited					
Diane	Wright	50										
Direc	or of Finance	0			i				92,241		0	28,021
Steve	Tomkins	40										
Artist	ic Director	0				_	"		105,759		0	18,761
					ļ							
						ļ				······		


	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~											
								ļ				
	======================================											
~ = = = = = = =												
	***************************************											
												7.7
1b	Sub-total								389,762		0	61,113
C	Total from continuation sheets to Part				٠					***************************************		
d	Total (add lines 1b and 1c)							<b>&gt;</b>	389,762		0	61,113
2	Total number of individuals (including but		to th	ose	list	ed a	above	) w	ho received mo	ore than \$1	00,000	O of
	reportable compensation from the organi.	zation ▶ 3										
•	mark to the state of the state	r: 1:										Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete S</i>									est compe	ensate	1 1 1
												3 6
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	-							•	eaule J to	or suci	1 1 1
-										otion or in	، ، مائي شطيع	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization?											1 1 1
Contic	on B. Independent Contractors	11 103, C	Ompre	31G 1				<i>J</i> 1 3	der person			5 6
1	Complete this table for your five highest of		od Ind	lone	nd.	nnt i	nantro		are that raceive	d mara the	n \$10	n non of
'	compensation from the organization. Rep											
	year.	010 00111001	iouno		, .,,		Morra	<u>)</u>	ou, oriening in	. 0		garmanori o care
	(A)								(B)			(C)
	Name and business addr	ess							Description of se	ervices		Compensation
None												
2	Total number of independent contractor							th		ve) who		
	received more than \$100,000 of compensa	auon trom ti	ne oro	jani	zati	on 🛭	De.		0		latin di	

Form 990 (2015) Page 9 RaidVIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (C) Unrelated business revenue (D)
Revenue
excluded from tax
under sections
512-514 (A) Total revenue exempt function revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a 0 b Membership dues . . . . 16 0 Fundraising events . . . . 333,911 С 10 Related organizations . . . 1d 0 Government grants (contributions) 1e 439,941 All other contributions, gifts, grants, and similar amounts not included above 11 1,481,854 Noncash contributions included in lines 1a-1f: \$ 30,208 Total. Add lines 1a-1f. 2,255,706 Program Service Revenue **Business Code** 2a 711110 0 7,158,448 7,158,448 0 Mainstage KIDSTAGE 711110 b 1,082,906 1,082,906 0 0 711110 252,332 252,332 0 0 C Pied Piper Village Originals 711110 6,188 0 0 6,188 Everett Performing Arts Center 711110 0 344,983 344,983 0 All other program service revenue. 0 0 Total. Add lines 2a-2f. 8,844,857 g 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . 2,904 2,904 0 0 Income from investment of tax-exempt bond proceeds ▶ 4 0 0 0 0 5 Royalties . . . 13,440 13.440 0 0 (i) Real (ii) Personal 6a Gross rents . . 191,851 Less: rental expenses 45,752 0 Rental income or (loss) C 146,099 0 Net rental income or (loss) d 146,099 146,099 (ii) Other Gross amount from sales of (i) Securities 7a assets other than inventory Less: cost or other basis b and sales expenses . Gain or (loss) . 0 Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . 262,760 **b** Less: direct expenses . . . . 136,982 c Net income or (loss) from fundraising events 125,778 125.778 9a Gross income from gaming activities. See Part IV, line 19 . . . . . Less: direct expenses .

С	Net income or (loss) from gaming acti	ivities . , 🔊				
10a	Gross sales of inventory, less					
	returns and allowances a	146,106				
b	Less: cost of goods sold b	42,814	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t i aga ayar ta bata i atalahi i i i barar 18 gipta tabila i atalahi i i		
C	Net income or (loss) from sales of inve	entory 🕨	103,292	0	0	103,292
	Miscellaneous Revenue	Business Code				
112						
b						
C						
d	All other revenue					
е	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions	📂	11,492,076	8,861,201	0	375,169
		MINITER TO THE TOTAL THE TOTAL TO AL TO THE TOTAL TO THE TOTAL T	DANKIN BACIS NEWSCHOOL BELLEVIEW PROPERTY AND	SENTENCE ASSESSMENT AND ADDRESS OF THE PROPERTY OF THE PERSON NAMED IN COLUMN 1	TAXABLE SALES OF THE PARTY OF T	- AAA

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	of include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	338,461	150,923	144,417	43,12
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	6,018,100	5,415,352	252,223	350,52
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	202,588	194,149	8,439	
9	Other employee benefits	523,729	496,153	17,060	10,51
10	Payroll taxes	616,718	549,976	30,199	36,54
11	Fees for services (non-employees):				
а	Management	0			
b	Legal				
C	Accounting	31,278		31,278	
d	Lobbying	6,000		6,000	
e	Professional fundraising services. See Part IV, line 17	45,359		m m (4) h	45,35
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	167		167	
12	Advertising and promotion	783,164	754,931	3,342	24,89
13	Office expenses	150,139	119,512	23,133	7,49
14	Information technology	84,840	8,873	75,756	211
15	Royalties	594,439	594,439		
16	Occupancy	658,887	482,665	169,476	6,746
17	Travel	234,004	186,250	16,586	31,161
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings .	47,620	24,498	15,393	7,72
20	Interest	2,000		2,000	
21	Payments to affiliates			W. C. T. L.	
22	Depreciation, depletion, and amortization .	433,382	365,636	56,934	10,81
23	Insurance	48,341	39,481	7,293	1,567
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Youth Outreach	79,252	77,185	2,067	C
b	Sets and Costumes	345,554	345,365	143	46
C	Charge Card Discounts	171,210	162,140	9,070	0
d	Fundraising Expense	33,186	0	0	33,186
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	11,448,418	9,967,528	870,976	609,914
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 120,228 1 354,635 2 2 2,251,992 2,019,923 3 3 935.823 1,030,537 4 65,661 4 38,050 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disgualified 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 6 7 Notes and loans receivable, net . . . . . . . . . . . . 7 8 Inventories for sale or use . . . . . 8 Prepaid expenses and deferred charges 9 914.009 1.015.172 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 16,482,859 10b Less: accumulated depreciation . . . . 5,788,365 10,535,790 10c 10,694,494 Investments-publicly traded securities . . . . . 11 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 23,201 20,946 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 14,846,704 15,173,757 17 17 372,301 434,637 18 18 19 3,959,331 19 4,299,403 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities 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 2,166,801 2.046.420 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 6,498,433 26 6,780,460 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 8,017,576 27 8,088,783 28 314,264 28 288,083 29 16,431 29 16,431 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 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 33 8,348,271 8,393,297 14,846,704 34 34 Total liabilities and net assets/fund balances . . . . . . . 15,173,757

Page	12
raye	B 65

					<u> </u>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	E.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,49	2,076
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,44	8,418
3	Revenue less expenses. Subtract line 2 from line 1	3		4	3,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,34	8,271
5	Net unrealized gains (losses) on investments	5			1,368
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
an who must rough	33, column (B))	10		8,39	3,297
Patri					
	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: Cash Accrual Other		-   1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ir	ון ו		
_			410.0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1.1.1.1.1.1.1	V
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	biied o			
	·				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	•	isko dised
b	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 audit	 ad on a	L	•	
	separate basis, consolidated basis, or both:	eu on a	<b>1</b>		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vareiah	+	(1. 24 V 1.4 )	Taras Sagi
C	of the audit, review, or compilation of its financial statements and selection of an independent account			من	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	(predit i			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	,		
Ja	the Single Audit Act and OMB Circular A-133?		3a		<b>V</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				*
.,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forn	990	(2015)

#### 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

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

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

201**5** 

OMB No. 1545-0047

Open to Public Inspection

Employer identification number **VILLAGE THEATRE** 91-1077130 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/9% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . ₹ Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 isted in vour governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A)(B) (C) (L) (E)

Pale	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	**************************************	W. J. C. J. C.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-				
6	Public support. Subtract line 5 from line 4.			<u>L</u>	<u> </u>		
	ion B. Total Support					-	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	i					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her						
	on C. Computation of Public Suppor	<del>-</del>	······	d (A)			
14	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch					14	<u>%</u>
15 16a	331/3% support test—2015. If the organiz						
100	box and <b>stop here.</b> The organization qual						
b	331/3% support test-2014. If the organ	ization did no	ot check a box	on line 13 or	16a, and line		or more,
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	ion meets the	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <mark>st</mark>	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
4	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,666,923	2,155,782	2,234,801	2,164,862	2,255,706	10,478,074
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	6,776,733	8,063,595	8,407,925	9,165,988	9,253,723	41,667,964
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	o	0	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	O	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	8,443,656	10,219,377	10,642,726	11,330,850	11,509,429	52,146,038
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	274,412	762,282	319,553	266,075	183,567	1,805,889
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	111111111111111111111111111111111111111		THE PROPERTY OF THE PROPERTY O		477 000	4777 220
С	Add lines 7a and 7b	274 842	762,282	210 552	266,075	175,000 358,567	1,980,889
8	Public support. (Subtract line 7c from	274,412	162,282	319,553	266,075	338,387	1,980,889
	line 6.)		vervo i e e e e e e e e e e e e e e e e e e				50,165,149
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	8,443,656	10,219,377	10,642,726	11,330,850	11,509,429	52,146,038
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	285,568	221,005	223,603	202,919	208,195	1,141,290
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	o	0	o	0
c	Add lines 10a and 10b	285,568	221,005	223,603	202,919	208,195	1,141,290
esek Andrew	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	o	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,767	0	0	0	o	2,767
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,731,991	10,440,382	10,866,329	11,533,769	11,717,624	53,290,095
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8	.,,, ., .,		3, column (f))		15	94.14 %
16	Public support percentage from 2014 Sch		-			16	92.75 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (I			line 13, colum	ın (f))	17	2.14 %
18	Investment income percentage from 2014	•				18	233 %
19a	331/3% support tests—2015. If the organi						
	17 is not more than 331/3%, check this box a		_				*****
b	331/3% support tests—2014. If the organization 18 is not more than 331/3%, check this b						
20	<b>Private foundation.</b> If the organization did					=	-

#### Paraly Supporting Organizations

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

Section	Α.	All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	<b>p</b> romountono	Yes	No
ng Dy	4		
ıs ed	2		
er	3a		
id ie		4.51	
3)	3b		
lf	3c		***************************************
ın n	4a		
n	4b		
id 3)			
, " N n;	4c		
ly	5a		·
	5b 5c		
o d or			
or :h	6		
?	7		namen mandar
e d			
h	9a 9b		
it	9с		
n d	40		
0	10a 10b		
em i	990 or	990-F7	2015

Scriedi	sie A (Form 550 of 550-62) 2015			Page 🔾
P217	M Supporting Organizations (continued)	MAKADEMO MA	1	Т
		r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
b	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
C	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	110		
	ion B. Type I Supporting Organizations	1110		i
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	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.			
	organizations and what conditions of restrictions, if any, applied to sach 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.			
^ A		2		
secu	ion C. Type II Supporting Organizations		V .	
-4		ſ	Yes	No
4	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	L'		
	on and appoint disposition of the second sec		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 (2), did the organization's supported organizations have a			. :
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3		
secu	on 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 i	nstruc	ctions	3):
а	$\sqcup$ The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1.4
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Î	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	jani	zations	NEW WORK AND
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	MARKET	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		/51 5
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	ia		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	10.000	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	Mahada Landeshi Winning Artif	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	, , , , , , , , , , , , , , , , , , ,	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		***************************************
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	Aniferen en e	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	······································	
4 Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7  Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III support	ing organization (see

Page 7

Palji	9 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		wr	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	:			
b				
c				
d	From 2013			
е	From 2014	,		
f	Total of lines 3a through e		****	
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$		L	
a	Applied to underdistributions of prior years			e territoria
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		y magagina manamadah di Adalah di Adalah di Adalah di Diripid di United State (State (	got user receiver at 1960/0111111111111101110111101110111111111
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Pari VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	Part III, Line 12 - Other income of \$2,767 in 2011 represents insurance proceeds from a claim on the shop van.
***************************************	***************************************
****	
~~~~	
~~~	
*****	
100 MM 196, 196, 69° an 100 100 100 100 100 100 100 100 100 10	
*****	
~~~	

**************************************	***************************************

6 100 AN 100' 100 AL 100: AN AN AN AN AN AN AN AN	
the first day also also seen and was sell and was not seen and seen from the	
	77
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of organization VILLAGE THEATRE Part I-A Complete if the organization is exempt under section 501(c) or is a	
	Employer identification number
Part I-A Complete if the organization is exempt under section 501(c) or is a	91-1077130
1 Provide a description of the organization's direct and indirect political campaign activities	es in Part IV.
2 Political expenditures	
3 Volunteer hours	
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955 .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2 Enter the amount of any excise tax incurred by organization managers under section 49	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	
4a Was a correction made?	Yes No
b If "Yes," describe in Part IV.	
Part I-G Complete if the organization is exempt under section 501(c), except	
1 Enter the amount directly expended by the filing organization for section 527 exem	
activities	
2 Enter the amount of the filing organization's funds contributed to other organizations 527 exempt function activities	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form	
line 17b , , ,	
4 Did the filing organization file Form 1120-POL for this year?	
5 Enter the names, addresses and employer identification number (EIN) of all section 527	time.
organization made payments. For each organization listed, enter the amount paid from t	
the amount of political contributions received that were promptly and directly delivered to	
as a separate segregated fund or a political action committee (PAC). If additional space is	s needed, provide information in Part IV.
(a) Name (b) Address (c) EIN (d) Amo	unt paid from (e) Amount of political
filing o	rganization's contributions received and
funds. If	none, enter -0 promptly and directly delivered to a separate
	political organization. If
	none, enter -0-,
(1)	
(2)	
(3)	
(3)	
(3)	

n	7
Page	_

Pan	III-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization belones, address, EIN, expen					oup member's
в	heck > I if the filing organization che	cked box A	and "limited con	trol" provisions a	apply.	
	Limits on Lobby	ing Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amount	s paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	oublic opinio	n (grass roots lobby	ying)		
b	Total lobbying expenditures to influence	a legislative b	ody (direct lobbyin	g)		
C	Total lobbying expenditures (add lines 1a	and 1b) .				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add	lines 1c and	1d)			
Í	Lobbying nontaxable amount. Enter to columns.	ne amount	from the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	it is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 259	6 of line 1f)	. v 1 1 1 x			
h	Subtract line 1g from line 1a. If zero or les	s, enter -0-				
į	Subtract line 1f from line 1c. If zero or les	,				
j	If there is an amount other than zero or reporting section 4911 tax for this year?		th or line 1i, dic			Yes No
MATTER STATE OF THE STATE OF TH	(Some organizations that made a sec See the	tion 501(h) e separate ins	tructions for lines	e to complete all 2a through 2f.)	of the five columi	ns below.
	Lobbying	Expenditure	s During 4-Year A	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Eor o	(election under section 501(h)). each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers? ,	6/				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	V		14.14		
C	Media advertisements?		8			
d	Mailings to members, legislators, or the public?		8			
e	Publications, or published or broadcast statements?	8/	6			
f	Grants to other organizations for lobbying purposes?	8/				6,000 300
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		V			300
ï	Other activities?		6			
į	Total. Add lines 1c through 1i		10000		***********	6,300
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		v			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Parri	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction	•	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."		Part		line :	3, is
1 2	Dues, assessments and similar amounts from members	of	1	***************************************	***************************************	***************************************
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
-	and political expenditure next year?		4			
5 Pari	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Provic	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, I	ines 1	and
memb	dule C, Part II-B, Line 1 - \$6,000 in annual support was paid to Cultural Access Washington. Cultural Acces pership organization established to expand access to cultural organizations such arts, heritage and science	e org	anizat	ions th	rough	
	: funding initiatives and legislation. Additionally, Village Theatre participates in Arts Day at the State Capit person is sent to represent Village Theatre at a cost of approximately \$300. The purpose of Arts Day is to p					,
group	is have a chance to meet with legislators and talk about arts issues in the current legislative session and c					ai (5
comm	nunities and schools.					
					· · · · · · · · · · · · · · · · · · ·	~ ~ ~ ~ ~ · · ·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047 2015 Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

VILLAGE THEATRE 91-1077130 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. PartIII Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

NAME OF TAXABLE PARTY.	III Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):						gnificant use of its
а	Public exhibition			n or exchan			
b	Scholarly research		e 🗌 Oth	er			
C	Preservation for future generation						
4	Provide a description of the organiza XIII.	ition's collections a	and explain how	they further	the org	janization's exem	pt purpose in Part
5	During the year, did the organization						r
PARAMETER STREET	assets to be sold to raise funds rather		ined as part of t	he organizat	ion's co	ellection?	Yes No
231							, ,
	Complete if the organization	n answered "Yes	on Form 990,	Part IV, lin	e 9, or	reported an am	ount on Form
	990, Part X, line 21. Is the organization an agent, trustee	a catadian as ata	au internacioni	fau aantuibu	tinna nu	athor constants	
1a	included on Form 990, Part X?						∏ Yes ∏ No
b	If "Yes," explain the arrangement in P				• •	, , , , , ,	☐ 162 ☐ 140
	ir res, explain the arrangement in	art Am and comple	ste the following	table.	[An	nount
С	Beginning balance				10		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amou				ustodial	account liability?	Yes No
b	If "Yes," explain the arrangement in P						
Par							
	Complete if the organization	answered "Yes"	' on Form 990,				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	30,059	28,24	6	16,431	15,931	14,981
b	Contributions	0		0	0	500	950
C	Net investment earnings, gains, and						
	losses	1,452	1,81		11,815	0	0
Ci	Grants or scholarships	0		0	0	0	0
е	Other expenditures for facilities and programs						
f	Administrative expenses	0		0	0	0	
g	End of year balance	31,511	30.05		28,246	16,431	
2	Provide the estimated percentage of t	 		_1			10,701
a	Board designated or quasi-endowmer			3 ,	77		
b	Permanent endowment		- 1 1				
c	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.				
3a	Are there endowment funds not in the	e possession of the	e organization th	nat are held	and adı	ministered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related o						3b
4.	Describe in Part XIII the intended uses		n's endowment	tunds.			
Pari			on Earm 000	Dort IV lin	0 1 1 D	Can Earm GOO [Don't Viling 40
	Complete if the organization Description of property	(a) Cost or oth		or other basis		Accumulated	(d) Book value
	Description of property	(investme		other)		preciation	(b) BOOK Value
1a	Land		0	1,848,762	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,848,762
b	Buildings	-	0	10,424,175		3,116,773	7,307,402
С	Leasehold improvements		0	1,514,154		545,089	969,065
đ	Equipment		0	2,688,846		2,121,439	567,407
е	Other		0	6,922		5,064	1,858
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, colum	n (B), line 10	Oc.)	<i>.</i> ▶	10,694,494

Part VII	Investments—Other Securities.	SAPPENDATE AND ASSESSMENT ASSESSM			
	Complete if the organization answered "Y	es" on Form	990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation; -of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					V
(A)	· · · · · · · · · · · · · · · · · · ·				
(B)					
(C) (D)					
(E)					
(F)					
(G)				 	
(H)	·				
	o) must equal Form 990, Part X, col. (B) line 12.) 🕨	* ** ** ** ** ** ** ** ** ** ** ** ** *			
Par VIII	Investments - Program Related.			7	470 P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O
NA CONTRACTOR OF THE PARTY OF T	Complete if the organization answered "Ye	es" on Form	990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation; -of-year market value
(1)		·			
(2)					······
(3)					
(4)					
(5)					
(6)					
(7)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	
(8) (9)					
	n) must equal Form 990, Part X, col. (B) line 13.) >				
Part IX	Other Assets.			aalaa uudu taalaa aasaa da oo	
	Complete if the organization answered "Ye	es" on Form s	990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description				(b) Book value
(1)					***************************************
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8) (9)					
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line	15.)			
Pari X	Other Liabilities.	1		· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Ye	es" on Form 🤉	990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.		Book value			
(1) Federal in	come taxes		_		
(2)			_		
(3)					the second
(4)					e egikeng kanggapagaga
(5) (6)					
(7)					
(8)			<u> </u>		
(9)					
) must equal Form 990, Part X, col. (B) line 25.) ▶	······································			
	uncertain tax positions. In Part XIII, provide the text	of the footnote	to the organization	s financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Returi	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	11,895,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a ,	Net unrealized gains (losses) on investments	2a	1,368		
b	Donated services and use of facilities	2b	176,743		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	225,548	_	
	Add lines 2a through 2d	• •		2e	403,659
	Subtract line 2e from line 1	i .		3	11,492,076
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	^		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
	Other (Describe in Part XIII.)		0	40	0
	Add lines 4a and 4b			4c	0
Pari					11,492,076
	Complete if the organization answered "Yes" on Form 990,			neu	åf
-4	Total expenses and losses per audited financial statements				66 020 300
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	11,850,709
	Donated services and use of facilities	120	ላማሪ ማልግ		
	Prior year adjustments	2a 2b	176,743		
	Other losses	2c	0		
	Other (Describe in Part XIII.)	2d	0		
	Add lines 2a through 2d	<u>zu</u>	225,548	2e	402 201
	Subtract line 2e from line 1			3	402,291 11,448,418
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			11,440,410
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
	Other (Describe in Part XIII.)	4b	0	9	
		L		4c	0
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	11,448,418
Paris)		·			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	rt IV, lines 1b and 2b	; Part V	, line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide any additional inf	ormati	on.
Schedu	ale D, Part V, Line 4 - The purpose of the endowment is to grow it to a level tha	at will h	elp provide financial s	tability	for the
organiz					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Schedu	ıle D, Part XI, Line 2d - Reconciling adjustments: Rental expense \$45,752; Co	st of Go	ods Sold \$42,814; Dire	ect expe	enses from
	sing events \$136,982				
Schedu	ıle D, Part XII, Line 2d - Reconciling adjustments: Rental expense \$45,752; Co	st of G	oods Sold \$42,814; Dír	ect exp	enses from
fundrai	sing events \$136,982		~ m = ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

		*			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number VILLAGE THEATRE 91-1077130 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Palel Form 990-EZ filers are not required to complete this part. Î Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ✓ Mail solicitations b ✓ Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events d ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity col. (i) Yes No 1 See Schedule G, Part IV, Statement 2 3 4 5 6 8 9 10 1,005,259 45,089 960,170 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing. WA

200000000	ant II	than \$15,000 of fundraisir gross receipts greater tha	ng event contributions	and gross income on F		e 18, or reported more and 6b. List events with
	7	gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	
			Gala and Auction (event type)	Sing It Forward (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	456,208	140,463		596,671
æ	2	Less: Contributions Gross income (line 1 minus	230,334	103,577		333,911
	•	line 2)	225,874	36,886		262,760
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
sesue	6	Rent/facility costs	7,914	0	,	7,914
Direct Expenses	7	Food and beverages	67,992	0		67,992
Direc	8	Entertainment	1,950	1,717		3,667
	9	Other direct expenses .	39,486	18,073		57,559
	10 11	Direct expense summary. Ad Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)	📂	137,132 125,628
Œ	rea [[Gaming. Complete if the		ed "Yes" on Form 990), Part IV, line 19, or	reported more
anne		than \$15,000 on Form 99	3U-E∠, IIne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Ses	2					
	-	Cash prizes				
Expe	3	Cash prizes				
Direct Expe		•				
Direct Expenses	3	Noncash prizes				
Direct Expe	3	Noncash prizes	Yes % No	☐ Yes%	□ Yes% □ No	
Direct Expe	3 4 5	Noncash prizes	□ No	No		
Direct Expe	3 4 5	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No No d lines 2 through 5 in co	No lumn (d)	▶	
9	3 4 5 6 7 8	Noncash prizes	No d lines 2 through 5 in co d. Subtract line 7 from lines	No lumn (d)	□ No	Yes No
9	3 4 5 6 7 8 En	Noncash prizes	No d lines 2 through 5 in co d. Subtract line 7 from lines	No No Ilumn (d)	□ No	Yes No

Schedu	ale G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? ,
b	if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \(\bigsim \)\$
Pale	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
			Receipts		
Lynch Resources	Telefunding Campaign	No	159,238	25,500	133,738
1026 Glen Street					
Lynnwood, WA 98020					
Sara Behrman	Contracted grant writer	No	846,021	19,589	826,432
6167 SW Miles Court					
Portland, OR 97219					
Total:			1,005,259	45,089	960,170

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

VILLA	AGE THEATRE 9°	1-1077130		
Pair	Questions Regarding Compensation	***************************************		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Form		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	1112		
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
		A A A A A A A A A A A A A A A A A A A		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pay or reimbursement or provision of all of the expenses described above? If "No," complete Part			
	explain	· 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred to directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in 1a?		***************************************	
		• -		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	by a		
	☑ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	 ✓ Form 990 of other organizations ✓ Approval by the board or compensation committee 	۹6		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	(A.A.)		
а	Receive a severance payment or change-of-control payment?	. 4a		800
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		See
c	Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		4
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	. 5a		8
b	Any related organization?	. 5b		6/
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	NAME:		
а	The organization?			Beer!
b	Any related organization?	. 6b		V
	If "Yes" on line 6a or 6b, describe in Part III.			
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-	1		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	<u> </u>		W
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subjective.			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," des			
	in Part III	. 8		60
_				
9	If "Yes" to line 8 did the organization also follow the rebuttable presumption procedure describe	ad in l	1 1	

Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each indivicual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 206,094 (E) Total of columns (B)(I)–(D) 10,297 (**D**) Nontaxable benefits 4,035 (C) Retirement and other deferred (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 00 (ii) Bonus & incentive compensation 191,762 (I) Base compensation E E E E E E E **E E** EE EE E EE \equiv (E) **E** EEEE Robert W Hunt, Executive (A) Name and Title Producer Ç. ආ 4 ග ထ ග 0 겂 ç 7 3 â Ace Ace

Schedule J (Form 990) 2015

SCHEDULE L

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

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

(10)

Employer identification number

VILLA	AGE THEATRE									91-	10771	30		
Par	Excess Bene Complete if the	efit Transaction he organization	ns (section 50 answered "Ye	(c)(3) s" on	, section Form 99	501(c)(4), a 0, Part IV,	and 50 line 2:	01(c)(29) organiz 5a or 25b, or Fo	zations orm 99	only 0-EZ,). Part	V, line	40b.	
1	(a) Name of disqualified	t noroon	(b) Relationship be			person and		(c) Description	on of tro	penetio	n		(d) Cor	rected?
	(a) Name of disquamed	a person		organiz	zation			(c) Description	HIOF CLA	isacio	11		Yes	No
(1)													ļ	
(2)														
(3)														
(4)														
(5)							<u> </u>						ļ <u>.</u>	
(6)	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										L	<u>L</u>
2	Enter the amount								iring t	ne ye	ear •			
_	under section 4958										* 4	<u> </u>		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organ	izatio	n			> 9			
	96°700													
Pare		i/or From Inter			Form 00	0 E7 Dart	V line	e 38a or Form 9	በለ ይላ	μ+ I\ /	lina 1	6. ori	if the	
		eported an am						5 JOA OF FOITH 5	9U, FA	HEIV,	11116 2	O, OF I	i tile	
	019011120110111		T	T	C. 1. 7., 1111	1		I	 		Τ		г	
(a) N	ame of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origin		(f) Balance due	(g) In c	lefault?				ritten
		with organization	loan		om the inization?	principal an	nount		-		by board or committee?			
									.,	T		T		
(4)				То	From				Yes	Ν̈́ο	Yes	No	Yes	No
(1)									-		ļ	 		
(2)			 											
(3)			:	ļ							_		<u> </u>	
(4)									 		 	-		
(5) (6)														
(6) (7)												<u> </u>		
(7) (8)												 		
(9)									 		 	ļ		
(10)										 				.,
Total			<u> </u>	<u> </u>		L	. 🌬	\$				L		43.13.1
		sistance Bene									L			
	Complete if th	ne organization	answered "Ye	s" on	Form 990	0, Part IV, I	ine 27	7.						
In	Name of interested person		ship between inter			of assistance		(d) Type of assistant		lo	Durne	se of a	ceietan	~~
(a)	Name of interested person		and the organization		(c) Amount	OI assistance	1	uj Type of assistant	50	10	ji dipo	/36 OI &	solotai II	v o
(1)														
(2)														
(3)														
(4)	,												***************************************	
(5)														
(6)														
(7)														
(8)						***************************************				***********				
(9)														

	dule L (Form 990 or 990-EZ) 2015				F	age 2
201	Business Transactions Involv Complete if the organization an	ing Interested Persons. Iswered "Yes" on Form 990,	, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi: rever	aring of zation's nues?
					Yes	No
(1)	· · · · · · · · · · · · · · · · · · ·	Daughter of Executive Pro		KIDSTAGE Instructor and Part Time		•
(2)	Patrick Ostrander	Son of Board Member		Administrative Assistant		6/
(3)	John Ostrander	Son of Board Member	245	Temporary Worker		V
(4)						
(5)						
(6)				WIALLELL WAR AND A TO THE TOTAL OF THE TOTAL		
(7)			NAME OF THE OWNER			
(8) (9)						-
(10)					ļ	
	IV Supplemental Information	_1	<u> </u>		Į	L
Marie Ma	Provide additional information f	or responses to questions o	on Schedule L (see	instructions).		
	T you and a district the state of the state	ar , oop an oos or alason or a				
				بدر الإسلامية الله الله الله الله الله الله الله الل		

				TO TO TO THE STATE OF THE STATE		***********
					· · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
				• • • • • • • • • • • • • • • • • • •		
		***************************************	~~~~~~~~~~			
		*************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<b></b>				
		**************************************	~~~~~			
		<b># BOWN ARREST WORK OF THE PROPERTY OF THE PRO</b>				
		***	gar yan, say ayay saga say yang say ahi sah say say sah sahi sahi sahi dali dali dali dali dali dali dali dal			
		~~~ * * * * * * * * * * * * * * * * * *	*******************			
					~~~~~	
		<b></b>	ray ngu ayu tag dag dag dag tag ngu adu gag adu adan adal dah			
	**************************************	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	~~~~					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

	GE THEATRE					91-10	77130
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	orted on	I	(d) od of determining contribution amounts
1	Art-Works of art						
2	Art-Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods		· ·				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock . Securities—Partnership, LLC,						······································
11	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation	ļ	· · · · · · · · · · · · · · · · · · ·				
	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						
20	Drugs and medical supplies						
21	Taxidermy	Ţ					
22	Historical artifacts						
23 24	Scientific specimens						
2 4 25		· ·	Tun.		5,874	EMV	
26	Other ► (Software) Other ► (Computers)	•	7	.,	4,800	1	
27	Other ► (Inkind Fundraising E)	· /	16		19,535	 	
28	Other (
29	Number of Forms 8283 received						
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	dgement		29	0
							Yes No
30a	During the year, did the organizat						
	28, that it must hold for at least th						
	to be used for exempt purposes f		e notaing perioa?				30a 🗸
	If "Yes," describe the arrangement		tana a malian dank namina	a tha wariarr	nf anu na	n atanda	_
31	Does the organization have a	•					1 1 1
0.0	contributions?						<u>, 31 / </u>
32a	Does the organization hire or use contributions?		les or related organizations				1 1 1
							32a V
33	If "Yes," describe in Part II. If the organization did not report ar	amount in	column (c) for a type of pro	nerty for which	column (a) i	is checke	4
J	describe in Part II.	i ai nount Bi	committee for a type of pro	party for minori	2 3 (a) .	0,.00,10	7

	orm 990) (2015) Page 2
Paridl	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.


~~~~~~~~~~~~	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************
त्य क्या का क्या क्या क्या त्या क्या क्या क्या क्या क्या क्या क्या क	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	**************************************
ay had had stop had you hay dog also had sto she had not had he	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************
	***************************************
	**************************************
	**************************************
-	

#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number			
VILLAGE THEATRE	91-1077130			
Form 990, Part VI, Section B, Line 11b - At the November board meeting the board assigns responsibility for formal review of the 990 to the				
finance committee and authorizes the executive committee to approve the return for filing. They also authorize the Executive Producer to				
sign the return. The formal review is scheduled for the January finance committee meeting. Any board members who are not members of				
the finance committee who are interested in formally reviewing the return are invited to attend the meeting. Prior to the January finance				
committee meeting, management emails the completed return to all voting board members. Any feedb	ack or comments are discussed and			
approved by the committee. The Treasurer leads the review process and the preparer, a licensed CPA,	is on hand to answer guestions. At			
the January executive committee meeting the finance committee recommends approval by the executi	ve committee who is authorized to act			
on behalf of the full board. After approval by the executive committee, management electronically files	the return with the IRS.			
Form 990, Part VI, Section B, Line 12c - Annually the board is given a copy of the Conflict of Interest po	olicy and then asked to sign a			
certificate of acknowledgement that affirms that they have read and understand the policy and have ag	reed to comply with the articles of the			
policy. Additionally, the board annually fills out a board questionnaire that inquiries about family or business relationships that may be				
potential conflicts, as well as, inquiring about business transactions and compensation.				
Form 990, Part VI, Section B, Line 15 - For the fiscal year ending 8/31/16, the executive committee and	the board of directors of Village			
Theatre established an executive compensation and performance review committee. This committee m	neets twice a year with the Executive			
Producer and reviews goals and performance. The committee evaluates the CEO salaries at comparab	le theatres in the National Alliance			
for Musical Theatre salary survey and selected 990 tax returns for regional theatres in the Seattle area	and around the country. The			
committee brings their compensation recommendations to the executive committee, who then brings t	he CEO's compensation package to			
the full board for approval. Other key employee's salaries are presented at the finance committee for re	eview as part of the annual budgeting			
process which is approved by the full board.				
**************************************				
Form 990, Part VI, Section C, Line 19 - The organization makes governing documents, conflict of intere				
available to the public upon request. Additionally, audited financial statements and 990's are posted or	n Village Theatre's website and are			
available to the public for download. Each year the organization produces an annual report that provid				
annual report is also mailed to select donors; is available to the public upon request and posted on the	website.			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
***************************************				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************			
######################################				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************			
	, , , , , , , , , , , , , , , , , , ,			

VILLAGE THEATRE 91-1077130

Form: 990 Page: 2

Line Number: Part III Line 4d

# Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The Pied Piper program brings live theatre to young children and school groups, which fosters an appreciation for the arts, promotes family theatre and provides educational opportunties. Pied Piper brings the best of touring theatre shows for children to two venues in Everett and Bellevue, Washington. Shows are selected based on educational focus and suitability to foster appreciation for live theatre in children. An audience of 25,831 attended 41 performances, including many that were offered to school groups. 1,930 students attended inschool workshops that were presented to help enhance the student's experience prior to attending the performance at the theatre.	328,405		252,332
	The Everett Performing Arts Center is a separate live theatre facility located in Everett, WA. In addition to our Mainstage productions Village Theatre facilitates a variety of on-stage experiences for Everett audiences, including local chorale groups and children's plays. Nearly 69,000 patrons attended events during the year. Expenses include direct expenses associated only with outside arts programming and do not include expenses for Village Theatre programs which are required under the management contract with the City of Everett and which are included elsewhere in the program/service accomplishments.	93,008		344,983
	During 2015, the Theatre continued a capital campaign. During the course of the campaign, the campaign proceeds were used to purchase land, build a new scene, prop and paint shops (Technical Studios), reconstruct First Stage Theatre, convert an Everett City building into a theatre and educational facility (Cope Gillette Theatre), and cover the cost of the campaign. The campaign goal as of August 31, 2016 is \$10 million. As of August 31, 2016, \$9.8 million had been pledged or given towards the goal. During 2015, the Theatre launched an endowment campaign as part of the Board's long-term strategic plan to grow the endowment to help provide future financial stability.	0	0	0
Total:	7	421,413	0	597,315