

Return of Organization Exempt From Income Tax
Under section 561(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
HALE CENTRE THEATRE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3333 SOUTH DECKER LAKE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY UT 84119-3459

D Employer identification number
84-1420029

E Telephone number
801-984-9000

G Gross receipts \$ **9,365,795**

F Name and address of principal officer:

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HCT.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1997** **M** State of legal domicile: **UT**

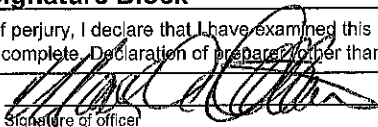
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY THEATRE PRESENTING FAMILY-ORIENTED PLAYS AND MUSICALS, ALONG WITH EDUCATION PROGRAMS AND PERFORMANCES FOR STUDENTS K-12 AND COMMUNITY GROUPS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)	72	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	68	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	193	
	6	Total number of volunteers (estimate if necessary)	95	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	59,070	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-19,923	
	Expenses			Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	1,968,622	1,541,959
9		Program service revenue (Part VIII, line 2g)	5,575,938	7,639,561
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217,279	177,712
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,056	6,563
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,773,895	9,365,795
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,350,810	2,534,993
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,286		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,876,925	5,636,799
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,227,735	8,171,792	
19	Revenue less expenses. Subtract line 18 from line 12	546,160	1,194,003	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	7,533,840	8,373,876
	21	Total liabilities (Part X, line 26)	6,371,658	6,017,691
22	Net assets or fund balances. Subtract line 21 from line 20	1,162,182	2,356,185	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: **8/19/15**

MARK DIETLEIN **CHIEF EXECUTIVE OFFICER**

Type or print name and title

Paid Preparer Use Only

Print/type preparer's name: **CRAIG B AINGE** Preparer's signature: **CRAIG B AINGE** Date: **08/19/15** Check if self-employed if PTIN: **P01014281**

Firm's name: **CRAIG B. AINGE, CPA, PC** Firm's EIN: **20-1069937**

Firm's address: **PO BOX 50057 PROVO, UT 84605-0057** Phone no.: **801-489-8099**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
COMMUNITY THEATRE PRESENTING FAMILY-ORIENTED PLAYS AND MUSICALS, ALONG WITH EDUCATION PROGRAMS AND PERFORMANCES FOR STUDENTS K-12 AND COMMUNITY GROUPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **7,449,097** including grants of \$) (Revenue \$ **7,139,348**)
COMMUNITY THEATRE PRODUCING FAMILY-ORIENTED PLAYS AND MUSICALS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ **436,369** including grants of \$) (Revenue \$)

4e Total program service expenses **u 7,885,466**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
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		X
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		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
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? If "Yes," complete Schedule L, Part II		X
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		X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
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? If "Yes," complete Schedule R, Part VI		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members (1a, 1b), family relationships (2), management delegation (3), governing documents (4), asset diversion (5), members (6), power to elect (7a, 7b), contemporaneous documentation (8a, 8b), and unreachable officers (9).

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters (10a, 10b), Form 990 distribution (11a, 11b), conflict of interest policy (12a, 12b, 12c), whistleblower policy (13), document retention (14), compensation review (15a, 15b), joint ventures (16a, 16b), and public availability of documents (17, 18, 19, 20).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u UT
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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 interest 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 records: u

HALE CENTRE THEATRE
W VALLEY CITY

3333 DECKER LAKE DR

UT 84119

801-984-9000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK A DIETLEIN	50.00									
PRESIDENT/CE	0.00	X		X			158,372	0	15,000	
(2) BRENT D LANGE	50.00									
VP DEVELOPMENT	0.00	X		X			145,732	0	15,000	
(3) SALLY DIETLEIN	50.00									
EXECUTIVE PR	0.00	X		X			132,265	0	15,000	
(4) BRENT SLOAN	2.00									
CHAIR-LEGACY	0.00	X					0	0	0	
(5) CHRIS NELSON	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(6) DENNIS WEBB	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(7) CRAIG B AINGE	4.00									
TTEE-FINANCE	0.00	X					0	0	0	
(8) DAVE COLE	1.00									
TTEE-MARKETING	0.00	X					0	0	0	
(9) EARLENE BLASER	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(10) ELLEN NORTH	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(11) FRED HEALEY	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RUSS BRADSHAW	2.00									
CHAIR-FINANCE	0.00	X						0	0	
(13) JEFFERSON PEDERSEN	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(14) JEFFREY C FLAMM	1.00									
TTEE-MARKETING	0.00	X						0	0	
(15) JON VANDERSTEK	1.00									
TTEE-LEGACY	0.00	X						0	0	
(16) MATTHEW TENNEY	1.00									
TREASURER/SECRETARY	0.00	X						0	0	
(17) MARCUS PINNOCK	1.00									
TTEE-FINANCE	0.00	X						0	0	
(18) MARTIN W CLARK	1.00									
TTEE-MARKETING	0.00	X						0	0	
(19) MISSY LARSEN	1.00									
TTEE-MARKETING	0.00	X						0	0	
1b Sub-total								436,369	45,000	
c Total from continuation sheets to Part VII, Section A								112,783		
d Total (add lines 1b and 1c)								549,152	45,000	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 4**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) NANCY E FLAMM	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(13) PAT JONES	1.00									
TTEE-LEGACY	0.00	X						0	0	
(14) RANDY RIGBY	1.00									
TTEE-LEGACY	0.00	X						0	0	
(15) ROBERT BROUGH	3.00									
CHAIRMAN	0.00	X						0	0	
(16) RONALD C GUNNELI	1.00									
TTEE-LEGACY	0.00	X						0	0	
(17) ROZANNE MARSH	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(18) SANDRA RIGBY	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(19) SCOTT BROWN	1.00									
TTEE-LEGACY	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STERLING JENSEN	1.00									
TTEE-FINANCE	0.00	X					0	0	0	
(13) TERRY L GRANT	1.00									
TTEE-MARKETING	0.00	X					0	0	0	
(14) THOMAS TAYLOR	1.00									
TTEE-DEVELOPMENT	0.00	X					0	0	0	
(15) ROGER HENRIKSEN	2.00									
CHAIR-LEGACY	0.00	X					0	0	0	
(16) JASON HEWLETT	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(17) RP MONSEN	1.00									
TTEE-MARKETING	0.00	X					0	0	0	
(18) PATRICE ARENT	0.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(19) LYLE BEECHER	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DEREK BROWN	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(13) AARON CALL	2.00									
CHAIR-DEVELOPMENT	0.00	X					0	0	0	
(14) ROB CORCORAN	1.00									
TTEE-MARKETING	0.00	X					0	0	0	
(15) LEW CRAMER	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(16) CHARLES DAHLQUIST	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(17) JEFF DAVIS	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(18) JOAN FENTON	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(19) LARRY GIBSON	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) NATHAN HALE	1.00									
TTEE-LEGACY	0.00	X						0	0	
(13) CHRISTY ALTER HAYMOND	1.00									
TTEE-MARKETING	0.00	X						0	0	
(14) PAUL HUTCHINSON	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(15) ANNE-MARIE LAMPROPOULOS	1.00									
TTEE-LEGACY	0.00	X						0	0	
(16) DAVID LAYTON	1.00									
TTEE-LEGACY	0.00	X						0	0	
(17) AL MANBEIAN	1.00									
TTEE-MARKETING	0.00	X						0	0	
(18) NATALIE MONTAGUE	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(19) JEFF MOSS	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STERLING NIELSEN	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(13) SCOTT PARSON	1.00									
TTEE-LEGACY	0.00	X						0	0	
(14) JASON PERRY	1.00									
TTEE-LEGACY	0.00	X						0	0	
(15) TYLER PLOEGER	1.00									
TTEE-FINANCE	0.00	X						0	0	
(16) SEAN REYES	1.00									
TTEE-LEGACY	0.00	X						0	0	
(17) SEAN SLATTER	1.00									
TTEE-LEGACY	0.00	X						0	0	
(18) JOEL STEADMAN	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(19) JANE STICKEL	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JEFF SWINTON	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(13) WARREN TATE	1.00									
TTEE-LEGACY	0.00	X						0	0	
(14) DAVE TINNEY	1.00									
TTEE-ARTISTIC	0.00	X						0	0	
(15) STEVE VINCENT	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(16) ROGER CHRISTENSEN	1.00									
TTEE-DEVELOPMENT	0.00	X						0	0	
(17) AMY REES ANDERSON	1.00									
TTEE-LEGACY	0.00	X						0	0	
(18) KEVIN BAUER	1.00									
TTEE-LEGACY	0.00	X						0	0	
(19) CHRIS MCCANDLESS	1.00									
TTEE-LEGACY	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARTSIE WEBB	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(13) ATHELIA WOOLLEY	1.00									
TTEE-ARTISTIC	0.00	X					0	0	0	
(14) DAVID JENSEN	1.00									
TTEE-FINANCE	0.00	X					0	0	0	
(15) GREG WOOD	1.00									
TTEE-FINANCE	0.00	X					0	0	0	
(16) TODD HEINER	1.00									
TTEE-LEGACY	0.00	X					0	0	0	
(17) KACEY UDY	0.00									
STAGING/TECH	0.00				X		112,783	0	0	
(18)										
(19)										
1b Sub-total							112,783			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	932,965				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	608,994				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	1,541,959				
	Program Service Revenue	2a ADMISSIONS	Busn. Code	6,724,797	6,724,797		
b INSURANCE PROCEEDS			487,034	487,034			
c CONCESSIONS & GIFT SALES			268,913	268,913			
d ACTING CLASSES			86,568	86,568			
e COSTUME & SET RENTALS		532000	59,070		59,070		
f All other program service revenue			13,179	83		13,096	
g Total. Add lines 2a-2f		u	7,639,561				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	177,712	-236		177,948
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME			6,563	6,563			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		6,563				
12 Total revenue. See instructions.	u		9,365,795	7,573,722	59,070	191,044	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	436,369	436,369		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,569,354	1,494,833	74,521	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,860	51,088	3,193	9,579
9 Other employee benefits	206,864	188,849	6,005	12,010
10 Payroll taxes	258,546	216,762	11,409	30,375
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,684	15,684		
d Lobbying	18,000	18,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	483,691	483,691		
13 Office expenses	208,637	191,731	14,388	2,518
14 Information technology	92,082	87,124	4,586	372
15 Royalties	434,070	434,070		
16 Occupancy	933,370	868,601	46,262	18,507
17 Travel	56,722	53,460		3,262
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	37,632	37,632		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	235,234	235,234		
23 Insurance	139,902	134,368	3,953	1,581
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	2,574,088	2,574,088		
b CREDIT CARD FEES	151,253	151,214		39
c PAYROLL PROCESSING	94,046	75,237	4,702	14,107
d TELEPHONE	36,752	34,642	1,823	287
e All other expenses	125,636	102,789	3,198	19,649
25 Total functional expenses. Add lines 1 through 24e	8,171,792	7,885,466	174,040	112,286
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	498,492	1	615,184
	2	Savings and temporary cash investments	1,276,934	2	3,576,073
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	219,965	4	219,144
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	180,502	9	285,323
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,162,045		
	b	Less: accumulated depreciation	10b 2,205,623	10c	2,956,422
	11	Investments—publicly traded securities	1,746,313	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	591,129	15	721,730
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,533,840	16	8,373,876	
Liabilities	17	Accounts payable and accrued expenses	440,855	17	464,901
	18	Grants payable		18	
	19	Deferred revenue	4,200,092	19	3,760,916
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,062,017	24	994,354
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	668,694	25	797,520
	26	Total liabilities. Add lines 17 through 25	6,371,658	26	6,017,691
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	939,169	27	2,356,185
	28	Temporarily restricted net assets	223,013	28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,162,182	33	2,356,185	
34	Total liabilities and net assets/fund balances	7,533,840	34	8,373,876	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,365,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,171,792
3	Revenue less expenses. Subtract line 2 from line 1	3	1,194,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,162,182
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,356,185

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HALE CENTRE THEATRE

Employer identification number

84-1420029

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
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 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,315,779	1,423,084	1,456,293	1,968,622	1,541,959	7,705,737
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	4,873,842	5,413,865	5,537,458	5,475,183	7,573,722	28,874,070
3 Gross receipts from activities that are not an unrelated trade or business under section 513			19,532	15,420	13,096	48,048
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6,189,621	6,836,949	7,013,283	7,459,225	9,128,777	36,627,855
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						36,627,855

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	6,189,621	6,836,949	7,013,283	7,459,225	9,128,777	36,627,855
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,989	1,030	39,723	208,279	177,948	430,969
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,989	1,030	39,723	208,279	177,948	430,969
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,193,610	6,837,979	7,053,006	7,667,504	9,306,725	37,058,824
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	98.84 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.23 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1 %
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A 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 A. All Supporting Organizations

	Yes	No
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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).		
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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	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 which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Schedule of Contributors

2014

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

HALE CENTRE THEATRE

84-1420029

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALT LAKE COUNTY ZOO ARTS & PARKS 2001 SOUTH STATE STREET N4300 SALT LAKE CITY UT 84190	\$ 850,315	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF UTAH CAPITOL HILL STATE OF UTAH SALT LAKE CITY UT 84109	\$ 82,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HALE CENTRE THEATRE	Employer identification number 84-1420029
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2014

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," to 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," to 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," to 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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

HALE CENTRE THEATRE

Employer identification number

84-1420029

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures **u \$**
- 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 **u \$**
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u \$**
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **u \$**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u \$**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u \$**
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?	<input checked="" type="checkbox"/>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<input checked="" type="checkbox"/>		
c Media advertisements?		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public?		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements?		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes?	<input checked="" type="checkbox"/>		7,524
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<input checked="" type="checkbox"/>		18,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<input checked="" type="checkbox"/>	
i Other activities?		<input checked="" type="checkbox"/>	
j Total. Add lines 1c through 1i			25,524
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<input checked="" type="checkbox"/>	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

BRENT LANGE, VICE-PRESIDENT DEVELOPMENT, AND GREG CURTIS (PAID LOBBYIST) ARE REGISTERED LOBBYSITS WITH THE STATE OF UTAH REPRESENTING HALE CENTRE THEATRE. THEY LOBBY TO FURTHER THE CAUSE OF THE THEATRE'S NON-PROFIT MISSION. THEIR LOBBYING EFFORTS ARE CENTERED AROUND SEEKING FUNDING FOR THE ARTS AND HALE CENTRE THEATRE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

HALE CENTRE THEATRE

Employer identification number

84-1420029

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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 conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a 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. b 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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 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: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		295,333		295,333
b Buildings		1,423,552		1,423,552
c Leasehold improvements		79,892		79,892
d Equipment		3,363,268		3,363,268
e Other			2,205,623	-2,205,623
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	2,956,422

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION TRUST FUNDS	721,730
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	721,730

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	721,730
(3) DEFERRED RENT	75,790
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	797,520

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 9,471,059, adjusted to 9,365,795.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 8,277,056, adjusted to 8,171,792.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

HALE CENTRE THEATRE

Employer identification number
84-1420029

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

For each individual whose compensation must be reported in 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.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK A DIETLEIN PRESIDENT/CE	(i)	158,372	0	0	15,000	0	173,372	0
	(ii)	0	0	0	0	0	0	0
2 BRENT D LANGE VP DEVELOPMENT	(i)	145,732	0	0	15,000	0	160,732	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

HALE CENTRE THEATRE

Employer identification number

84-1420029

FORM 990, PART I, LINE 6

**BOARD MEMBERS, GUILD MEMBERS MAINTAINING GUILD STORE AND COOKING FOR
ACTORS/ACTRESSES AT THEATRE AND CHANGEOVER VOLUNTEERS.**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

**COMMUNITY THEATRE PRODUCING FAMILY-ORIENTED PLAYS AND
MUSICALS**

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MARK DIETLEIN

SALLY DIETLEIN

CEO

ARTISTIC

SPOUSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**ORGANIZATION HAS THE EXECUTIVE COMMITTEE AND MEMBERS OF THE BUDGET, LEGAL
AND FINANCE COMMITTEE REVIEW THE 990 BEFORE IT IS FILED. IT IS ALSO
APPROVED BY THE APPROPRIATE OFFICERS OF THE ORGANIZATION BEFORE IT IS
FILED.**

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

**CONFLICTS OF INTEREST POLICY IS REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF TRUSTEES AND IS ENFORCED BY THIS BODY**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION OF OFFICERS ARE REVIEWED AND PROPOSED ANNUALLY BY THE BUDGET,

Name of the organization

Employer identification number

HALE CENTRE THEATRE

84-1420029

LEGAL AND FINANCE COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. ADDITIONALLY, WE PARTICIPATE IN A COMPENSATION SURVEY STUDY ON A REGULAR BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS PROPOSED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE TO PUBLIC ON THEATRE'S WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
u Attach to Form 990.
u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

HALE CENTRE THEATRE

Employer identification number
84-1420029

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PLAYSTUFF STORAGE LLC 3333 DECKER LAKE DRIVE SALT LAKE CITY UT 84119-3459	STORAGE	UT			HALE CENTR
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

u Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (<input type="checkbox"/> 3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p align="center">8,373,876</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print HALE CENTRE THEATRE</p> <p>or</p> <p>Type 3333 SOUTH DECKER LAKE DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>SALT LAKE CITY UT 84119-3459</p> <p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p align="center">84-1420029</p> <p>E Unrelated business activity codes (See instructions.)</p> <p align="center">532000</p>
---	--	--

H Describe the organization's primary unrelated business activity.
u **COSTUME RENTALS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u** **HALE CENTRE THEATRE** Telephone number **u** **801-984-9000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance u	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) SEE STMT 1		59,070		59,070
13 Total. Combine lines 3 through 12		59,070		59,070

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15	27,247	
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) SEE STATEMENT 2		18	26,498	
19 Taxes and licenses		19	945	
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule) SEE STATEMENT 3		28	24,303	
29 Total deductions. Add lines 14 through 28		29	78,993	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-19,923	
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-19,923	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-19,923	

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here **See instructions and:**

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ **(2)** \$ **(3)** \$

b Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.) **42**

43 Total tax. Add lines 41 and 42 **43** **0**

44a Payments: A 2013 overpayment credited to 2014 **44a**

b 2014 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: **Credited to 2015 estimated tax** **Refunded** **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

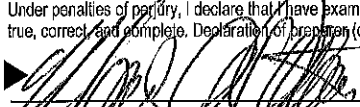
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a Additional sec. 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **8/19/15** **CHIEF EXECUTIVE OFFICER**

Signature of officer: **Yes** **No**

Paid Preparer Use Only

Firm's name: **CRAIG B. AINGE, CPA, PC** Preparer's signature: **CRAIG B AINGE** Date: **08/19/15** Check if self-employed if PTIN: **P01014281**

Firm's address: **PO BOX 50057 PROVO, UT 84605-0057** Firm's EIN: **20-1069937** Phone no.: **801-489-8099**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total Total (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **u**

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). **u**

Total dividends-received deductions included in column 8 **u**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). **u**

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	u	Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	u	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..	u					

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
Totals, Part II (lines 1-5)	u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on page 1, Part II, line 14

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No. **179**

Name(s) shown on return

HALE CENTRE THEATRE

Identifying number

84-1420029

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	235,234

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	235,234
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
COSTUME & SET RENTALS	\$ 59,070
TOTAL	\$ 59,070

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
WELLS FARGO BANK	\$ 26,498
TOTAL	\$ 26,498

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
UTILITIES	\$ 10,564
INSURANCE	5,345
COSTUME EXPENSES	8,394
TOTAL	\$ 24,303

Year Ending: December 31, 2014

84-1420029

HALE CENTRE THEATRE
3333 SOUTH DECKER LAKE DRIVE
SALT LAKE CITY, UT 84119-3459

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Table Tiles	12/17/98	694			694	7 MO S/L	694	0
2	Copper Gutter	12/17/98	2,853			2,853	7 MO S/L	2,853	0
3	Carpets	12/18/98	3,200			3,200	7 MO S/L	3,200	0
4	Signature Bricks	12/28/98	1,808			1,808	7 MO S/L	1,808	0
5	2 Floor Safes	9/28/98	706			706	10 MO S/L	706	0
6	Bronze Sculpture	11/02/98	3,000			3,000	20 MO S/L	2,275	150
7	Theatre Lobby Fixtures	11/12/98	2,652			2,652	7 MO S/L	2,652	0
8	Costume Shop Equipment	11/18/98	1,604			1,604	7 MO S/L	1,604	0
9	Counter & Tile	11/23/98	1,364			1,364	7 MO S/L	1,364	0
10	Rehearsal Hall Flooring	11/23/98	3,000			3,000	20 MO S/L	2,275	150
11	Foam Cutting Tools	11/24/98	2,508			2,508	7 MO S/L	2,508	0
12	Theatre Signs	12/07/98	3,718			3,718	10 MO S/L	3,718	0
13	Theatre Lobby Decor	12/07/98	3,214			3,214	7 MO S/L	3,214	0
14	Computer System	9/29/98	17,892			17,892	5 MO S/L	17,892	0
15	Printer	10/29/98	1,695			1,695	5 MO S/L	1,695	0
16	Theatre Projectors	10/29/98	6,869			6,869	5 MO S/L	6,869	0
17	Theatre Projectors	12/07/98	5,843			5,843	5 MO S/L	5,843	0
18	Microphones	12/17/98	2,401			2,401	5 MO S/L	2,401	0
19	Signs & Placques	1/07/99	3,084			3,084	10 MO S/L	3,084	0
20	Lobby Furniture	1/04/99	3,592			3,592	10 MO S/L	3,592	0
21	Projection Lens	1/06/99	5,310			5,310	7 MO S/L	5,310	0
22	Air Filter & Deoderizer	1/14/99	1,127			1,127	7 MO S/L	1,127	0
23	Banquet Tables & Chairs	1/21/99	1,895			1,895	10 MO S/L	1,895	0
24	Electrical Panel in Pit	1/27/99	7,081			7,081	20 MO S/L	5,783	354
25	100 Queen Anne Chairs	1/27/99	24,761			24,761	15 MO S/L	24,761	0
26	Electric Marquee Sign	2/03/99	2,000			2,000	5 MO S/L	2,000	0
27	Atmosphere/Fog Generator Machine	1/23/99	11,292			11,292	7 MO S/L	11,292	0
28	Lighting Equipment	2/18/99	22,260			22,260	10 MO S/L	22,260	0
29	Studio Floor	2/18/99	2,803			2,803	20 MO S/L	2,090	140
30	Finish Theatre Floor	2/18/99	800			800	20 MO S/L	597	40
31	Metal Stage Braces	2/19/99	1,914			1,914	10 MO S/L	1,914	0
32	Chair for Mark's Office	2/22/99	3,179			3,179	7 MO S/L	3,179	0
33	Wireless Mikes & Sound Equipment	2/22/99	4,006			4,006	5 MO S/L	4,006	0
34	Kitchen Appliances	2/22/99	2,857			2,857	5 MO S/L	2,857	0
35	Coke Shrouds	3/01/99	750			750	5 MO S/L	750	0
36	DMX Cards and Electrical	3/02/99	5,065			5,065	5 MO S/L	5,065	0
37	Additional Server and Workstations	3/09/99	4,691			4,691	5 MO S/L	4,691	0
38	Chair Mats	3/10/99	646			646	5 MO S/L	646	0
39	Keyboard Arms & Trays	3/15/99	860			860	5 MO S/L	860	0
40	Blinds for Windows	3/15/99	512			512	7 MO S/L	512	0
41	Green Room Sofa and Kitchen Appliances	3/15/99	3,670			3,670	10 MO S/L	3,670	0
42	4 Computers & Monitors	3/15/99	3,654			3,654	5 MO S/L	3,654	0
43	Epson Stylus 640	3/15/99	735			735	5 MO S/L	735	0
44	Skirting for Banquet Tables	3/29/99	1,119			1,119	10 MO S/L	1,119	0
45	GL 3000 Stock Console	3/29/99	4,786			4,786	7 MO S/L	4,786	0
46	Waxie 1500 Floor Machine	3/29/99	1,033			1,033	7 MO S/L	1,033	0
47	2 Pentium II 400 mhz Computers	4/13/99	2,740			2,740	5 MO S/L	2,740	0
48	Carpeting in Theatre	5/12/99	4,461			4,461	7 MO S/L	4,461	0
49	Additional Finish Work on Building	5/12/99	8,467			8,467	20 MO S/L	6,209	423
50	Green Room Furniture	5/13/99	2,937			2,937	7 MO S/L	2,937	0
51	Lockers	7/14/99	1,296			1,296	7 MO S/L	1,296	0
52	Pentium II 333 mhz Computer	8/02/99	816			816	5 MO S/L	816	0
53	Signature Bricks	8/18/99	1,106			1,106	7 MO S/L	1,106	0
54	New Lift for Staging	8/03/99	14,050			14,050	20 MO S/L	13,699	351
55	Filing Cabinets	8/26/99	546			546	7 MO S/L	546	0
56	New Lift Rigging	9/17/99	5,816			5,816	20 MO S/L	5,816	0
57	Lobby Furniture	2/19/99	1,325			1,325	10 MO S/L	1,325	0
58	Blinds for Windows	9/27/99	647			647	7 MO S/L	647	0
59	Electical For Building	11/10/99	9,364			9,364	20 MO S/L	7,127	468
60	Lift Modification	11/12/99	3,086			3,086	20 MO S/L	2,931	155
61	Wireless Mikes, Mounts & Clips	11/12/99	9,585			9,585	5 MO S/L	9,585	0
62	Additional Mikes (Senn)	11/12/99	4,601			4,601	5 MO S/L	4,601	0
63	Roman Blinds	11/30/99	5,354			5,354	7 MO S/L	5,354	0
64	Ice Fog Generator	11/30/99	5,418			5,418	7 MO S/L	5,418	0
65	Computer Pentium Celeron	5/03/00	1,500			1,500	5 MO S/L	1,500	0
66	Computer Pentium 500 Celeron	5/13/00	1,723			1,723	5 MO S/L	1,723	0
67	System Server Pentium II 450 MMX	7/29/00	3,101			3,101	5 MO S/L	3,101	0
68	Computer upgrades, harddrive, memory	8/10/00	1,378			1,378	5 MO S/L	1,378	0
69	Fog Machine G150	6/30/00	674			674	7 MO S/L	674	0
70	Digital Camera	4/23/01	2,058			2,058	5 MO S/L	2,058	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	Hoover Vacuum	3/31/02	911				911	5 MO S/L	911	0
72	Digital Camera	6/18/02	666				666	5 MO S/L	666	0
73	Sound Board AH ML3000-40	7/23/02	7,279				7,279	7 MO S/L	7,279	0
74	Microphone equipment	8/06/02	2,117				2,117	5 MO S/L	2,117	0
75	Lighting equipment MAC2000 & accessorie	8/23/02	38,899				38,899	10 MO S/L	38,899	0
76	Sewing machine	9/19/02	850				850	5 MO S/L	850	0
77	Microphone equipment	9/25/02	2,777				2,777	5 MO S/L	2,777	0
78	Technical equipment	10/21/02	1,665				1,665	7 MO S/L	1,665	0
79	Blackbaud Development Software	3/13/02	7,865				7,865	5 MO S/L	7,865	0
80	Martin PAL 1200	5/09/02	6,000				6,000	7 MO S/L	6,000	0
81	Totally Awesome Computers-Tech equipme	5/13/02	5,599				5,599	5 MO S/L	5,599	0
82	Video Scaler	7/17/02	1,706				1,706	5 MO S/L	1,706	0
83	Ticket printer	7/23/02	2,113				2,113	5 MO S/L	2,113	0
84	2 Pentium 4 computers	8/06/02	2,276				2,276	5 MO S/L	2,276	0
85	Computer equipment	8/29/02	838				838	5 MO S/L	838	0
86	10 Chairs costume department	9/19/02	1,519				1,519	10 MO S/L	1,519	0
87	Server/software equipment	10/07/02	8,567				8,567	5 MO S/L	8,567	0
88	New Phone System-ZephyR	10/24/02	18,458				18,458	5 MO S/L	18,458	0
89	Office Furniture	11/01/02	805				805	7 MO S/L	805	0
90	Laptop computer	11/18/02	2,083				2,083	5 MO S/L	2,083	0
91	2 HP printers	9/18/02	2,520				2,520	5 MO S/L	2,520	0
92	2 Fog Machines	12/02/02	5,916				5,916	7 MO S/L	5,916	0
93	Gel Entenders	12/27/02	876				876	5 MO S/L	876	0
94	Little Blizzard Snow Machine	12/27/02	1,981				1,981	7 MO S/L	1,981	0
95	Handline for stage	12/27/02	1,628				1,628	10 MO S/L	1,628	0
96	Little Blizzard Snow Machine	12/27/02	1,919				1,919	7 MO S/L	1,919	0
97	Auto Pilots	2/07/03	27,458				27,458	10 MO S/L	27,458	0
98	Drum Winch	2/07/03	40,177				40,177	15 MO S/L	35,825	2,678
99	Hoover Vacuum	2/07/03	820				820	5 MO S/L	820	0
100	Desk	2/17/03	814				814	7 MO S/L	814	0
101	Sound Equipment	3/18/03	4,311				4,311	10 MO S/L	4,311	0
102	Savin Copier	8/29/03	11,995				11,995	5 MO S/L	11,995	0
103	Tables	9/24/03	3,377				3,377	10 MO S/L	3,377	0
104	Financial Edge Software	9/16/03	18,475				18,475	5 MO S/L	18,475	0
105	Lighting Equipment	1/06/03	16,890				16,890	10 MO S/L	16,890	0
106	Sound equipment	4/18/03	2,567				2,567	10 MO S/L	2,567	0
107	Sound equipment	4/18/03	20,255				20,255	10 MO S/L	20,255	0
108	Lighting equipment	6/12/03	13,550				13,550	10 MO S/L	13,550	0
109	Set-Big River	2/01/03	40,850				40,850	20 MO S/L	32,340	2,042
110	Set-NTL	3/14/03	4,778				4,778	20 MO S/L	3,743	239
111	Set-King and I	5/17/03	26,274				26,274	20 MO S/L	20,143	1,314
112	Set-Footloose	7/07/03	47,526				47,526	20 MO S/L	35,645	2,376
113	Razors Edge software	4/29/03	2,500				2,500	5 MO S/L	2,500	0
114	Stage Modification-Tracking	7/13/03	20,015				20,015	15 MO S/L	17,013	1,334
115	Lighting equipment	8/07/03	2,488				2,488	10 MO S/L	2,488	0
116	Carpeting	11/12/03	4,090				4,090	7 MO S/L	4,090	0
117	Music Score-Christmas Carol	12/01/03	25,000				25,000	20 MO S/L	17,708	1,250
118	Set-Annie	10/11/03	35,354				35,354	20 MO S/L	25,632	1,767
119	Set-Christmas Carol	12/01/03	24,330				24,330	20 MO S/L	17,150	1,217
120	Music-King and I	5/23/03	5,500				5,500	20 MO S/L	4,171	275
121	Microphones	9/30/04	19,371				19,371	10 MO S/L	18,080	1,291
122	Piano	1/12/04	10,000				10,000	20 MO S/L	5,667	500
123	Truck Bedliner	7/15/04	1,500				1,500	5 MO S/L	1,500	0
124	Truck Racks and Modification	3/29/04	4,391				4,391	7 MO S/L	4,391	0
125	Office Furniture	6/28/04	1,652				1,652	7 MO S/L	1,652	0
126	Computer equipment	1/29/04	2,266				2,266	5 MO S/L	2,266	0
127	Computer equipment	2/17/04	2,544				2,544	5 MO S/L	2,544	0
128	Servers	5/01/04	5,076				5,076	5 MO S/L	5,076	0
129	Computer equipment	5/18/04	1,949				1,949	5 MO S/L	1,949	0
130	Server	6/20/04	4,215				4,215	5 MO S/L	4,215	0
131	Sound equipment	7/09/04	1,403				1,403	7 MO S/L	1,403	0
132	Computer monitors	9/01/04	1,745				1,745	5 MO S/L	1,745	0
133	Wireless laptop-sound room	10/12/04	2,549				2,549	5 MO S/L	2,549	0
134	Door	5/20/04	4,607				4,607	10 MO S/L	4,454	153
135	Projector equipment	9/07/04	7,133				7,133	7 MO S/L	7,133	0
136	Sign	11/30/04	2,377				2,377	10 MO S/L	2,179	198
137	Curtains	11/30/04	13,440				13,440	20 MO S/L	6,869	672
139	Patron Edge Software	9/15/05	108,705				108,705	10 MO S/L	90,588	10,870
140	Office chairs	9/30/05	2,172				2,172	10 MO S/L	1,810	217
141	Fly system	2/28/05	68,304				68,304	20 MO S/L	33,772	3,416
142	Theatre equipment	8/31/05	5,156				5,156	15 MO S/L	3,309	343
143	Sprinkler system for catwalk	9/30/05	2,600				2,600	10 MO S/L	2,167	260

Federal Asset Report

Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179 Bonus	Basis		Per Conv Meth	Prior	Current
		In Service	Cost			for Depr				
144	Servers/patron edge setup	9/30/05	7,741			7,741	5	MO S/L	7,741	0
145	Spot Lights	12/14/06	63,600			63,600	15	MO S/L	32,330	4,240
146	Patron Management Software	4/21/06	17,663			17,663	5	MO S/L	17,663	0
147	Analytics/Peoplelink	4/30/06	14,072			14,072	5	MO S/L	14,072	0
148	Shelving	3/30/06	3,929			3,929	10	MO S/L	3,078	393
149	Desk	1/02/06	1,407			1,407	7	MO S/L	1,407	0
150	Copier	3/28/06	9,583			9,583	5	MO S/L	9,583	0
151	Christmas Carol Orchestration	8/31/06	16,000			16,000	20	MO S/L	7,067	800
152	Greenroom Stoves	6/08/06	1,812			1,812	5	MO S/L	1,812	0
153	Chevy Natural Gas Truck	6/28/07	23,500			23,500	6	MO S/L	23,500	0
154	Natural Gas Chevy 2500	8/13/07	16,500			16,500	6	MO S/L	16,500	0
155	Natural Gas Chevy 2500	8/21/07	16,500			16,500	6	MO S/L	16,500	0
156	Computer Equipment	1/16/07	4,024			4,024	5	MO S/L	4,024	0
157	Speakers	3/08/07	15,000			15,000	10	MO S/L	10,786	1,500
158	High Resolution Cameras	4/19/07	3,668			3,668	7	MO S/L	3,537	131
159	Blackbaud Patron Management Solutions	5/22/07	33,073			33,073	10	MO S/L	22,049	3,307
160	Server Upgrade	4/25/07	2,250			2,250	5	MO S/L	2,250	0
161	Server Upgrade	7/26/07	1,416			1,416	5	MO S/L	1,416	0
162	Extron Switcher	8/21/07	1,190			1,190	7	MO S/L	1,091	99
163	Breakroom Cabinet	9/05/07	3,040			3,040	10	MO S/L	1,925	304
164	Plasma TVs	8/31/07	1,720			1,720	5	MO S/L	1,720	0
165	Echo Interface/Sennhieser Transmitters	9/01/07	4,010			4,010	7	MO S/L	3,628	382
166	Projector	9/01/07	3,975			3,975	5	MO S/L	3,975	0
167	HD TV	9/20/07	1,603			1,603	5	MO S/L	1,603	0
168	Projector Cabinets	9/25/07	1,330			1,330	10	MO S/L	842	133
169	Cash Wrap Counter-Costumes	10/25/07	1,444			1,444	10	MO S/L	902	145
170	Lift	10/30/07	6,240			6,240	15	MO S/L	2,600	416
171	Pecan TV	10/31/07	1,603			1,603	5	MO S/L	1,603	0
172	Refrigerators & Ice Bin	12/13/07	2,491			2,491	5	MO S/L	2,491	0
173	Transceivers	1/22/07	12,344			12,344	5	MO S/L	12,344	0
174	M7CL48 Console	1/31/07	23,898			23,898	15	MO S/L	11,949	1,593
175	Millermatic 210 Welder	2/27/07	2,114			2,114	5	MO S/L	2,114	0
176	Chroma Clear Flooring	3/25/07	3,966			3,966	10	MO S/L	2,710	397
177	Spinitar	3/07/07	158,690			158,690	20	MO S/L	60,831	7,935
178	Plasma TVs	4/30/07	11,600			11,600	5	MO S/L	11,600	0
179	Collapsible Bins	2/27/07	3,379			3,379	7	MO S/L	3,339	40
180	Surveillance Equipment	2/13/07	1,131			1,131	7	MO S/L	1,117	14
181	1987 Trailer	4/02/07	4,900			4,900	6	MO S/L	4,900	0
182	Natural Gas Truck	7/17/08	25,800			25,800	6	MO S/L	23,650	2,150
183	Rebuild Stage Walls	1/31/08	12,692			12,692	12	MO S/L	6,346	1,058
184	CNG Compressor	6/19/08	2,970			2,970	10	MO S/L	1,658	297
185	Shop Fixtures	7/15/08	1,323			1,323	10	MO S/L	727	133
186	Green Chairs	8/29/08	6,445			6,445	15	MO S/L	2,327	430
187	2 Show Control Computers	2/04/08	1,645			1,645	5	MO S/L	1,645	0
188	Shop Bins	1/08/08	3,782			3,782	15	MO S/L	1,513	252
189	Computer Equipment	1/03/08	2,801			2,801	5	MO S/L	2,801	0
190	Computer Equipment	1/03/08	6,779			6,779	5	MO S/L	6,779	0
191	2 50 PlasmaTVs	1/09/08	6,090			6,090	5	MO S/L	6,090	0
192	Warehouse Racks	1/22/08	9,000			9,000	15	MO S/L	3,600	600
193	Ticket Printers	2/01/08	6,049			6,049	5	MO S/L	6,049	0
194	Freezer	3/18/08	427			427	5	MO S/L	427	0
195	Furniture	7/02/08	6,517			6,517	10	MO S/L	3,584	652
196	Spotlights	3/21/08	1,197			1,197	5	MO S/L	1,197	0
197	Power Supply	11/06/08	2,375			2,375	5	MO S/L	2,375	0
198	6 Projectors	2/10/08	20,101			20,101	10	MO S/L	11,893	2,010
199	Theatre Equipment	3/03/08	3,093			3,093	10	MO S/L	1,804	309
200	Sets, Props, Costumes, etc	4/02/08	914,600			914,600	25	MO S/L	210,358	36,584
201	Lighting Equipment	4/15/08	9,205			9,205	10	MO S/L	5,293	920
202	Confetti Cannons	4/17/08	7,116			7,116	10	MO S/L	4,092	711
203	Lighting Equipment	8/08/08	15,609			15,609	10	MO S/L	8,455	1,561
204	Lighting Equipment	10/09/08	5,065			5,065	10	MO S/L	2,659	506
205	Digital Light Upgrade	7/08/08	14,555			14,555	5	MO S/L	14,555	0
206	Fog Machines & Battery	11/26/08	22,886			22,886	10	MO S/L	11,824	2,289
207	New Sound System (Booth)	12/31/08	5,799			5,799	10	MO S/L	2,948	580
208	Forklift	3/31/08	1,000			1,000	5	MO S/L	1,000	0
209	Snow Machines	11/21/08	5,245			5,245	10	MO S/L	2,710	524
210	Theatre Carpeting	11/25/09	11,079			11,079	10	MO S/L	4,616	1,108
211	Moving Spots	8/18/09	3,244			3,244	10	MO S/L	1,433	324
212	New Server	8/31/09	6,564			6,564	5	MO S/L	5,798	766
213	Washer & Dryers	11/12/09	2,336			2,336	5	MO S/L	1,946	390
214	Theatre Seats	11/25/09	18,342			18,342	20	MO S/L	3,821	917
215	Sound Computer	8/06/09	3,064			3,064	5	MO S/L	2,707	357

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
216	Lighting Equipment	10/06/09	2,590			2,590	10 MO S/L	1,101	259
217	Lighting Equipment	12/15/09	1,740			1,740	10 MO S/L	710	174
218	TVs & Washer	1/31/10	2,064			2,064	5 MO S/L	1,617	412
219	Lighting Fixtures	2/19/10	8,416			8,416	10 MO S/L	3,226	842
220	Radiant Hazer	4/20/10	1,157			1,157	5 MO S/L	848	231
221	Digital Camera System	4/26/10	2,305			2,305	10 MO S/L	845	231
222	Auditorium Speakers	4/13/10	13,012			13,012	10 MO S/L	4,879	1,301
223	Steel Bender	10/11/11	32,356			32,356	10 MO S/L	7,280	3,236
224	CPU & Encoders	10/28/11	6,314			6,314	5 MO S/L	2,736	1,263
225	Apple Computer Stage	10/31/11	7,582			7,582	5 MO S/L	3,286	1,516
226	2 Fog Machines	11/18/11	9,260			9,260	7 MO S/L	2,756	1,323
227	Movi Drivers & Brakes - Winch	12/12/11	15,949			15,949	10 MO S/L	3,323	1,595
228	Light Board & Moving Lights	12/12/11	29,047			29,047	10 MO S/L	6,052	2,904
229	Winch	1/31/11	15,847			15,847	10 MO S/L	4,622	1,585
230	8 Computers	1/31/11	4,705			4,705	5 MO S/L	2,744	941
231	Vari*Lite Spots	2/01/11	15,060			15,060	10 MO S/L	4,393	1,506
232	Light Strips & Switches	2/28/11	4,307			4,307	5 MO S/L	2,440	862
233	2 Servers	11/20/11	7,521			7,521	5 MO S/L	3,134	1,504
234	Computer Equipment	11/20/11	7,780			7,780	5 MO S/L	3,242	1,556
236	Lathe/Grinder	1/10/12	7,408			7,408	10 MO S/L	1,482	740
237	Audience View Software	1/31/12	128,707			128,707	5 MO S/L	39,163	25,741
238	Light Board and Moving Fixtures	2/03/12	49,659			49,659	10 MO S/L	9,518	4,966
239	Pipe Bender	4/30/12	15,160			15,160	10 MO S/L	2,527	1,516
240	Winch Modification	5/24/12	15,124			15,124	10 MO S/L	2,395	1,512
241	Meters	5/30/08	2,990			2,990	10 MO S/L	1,694	299
243	Telephone System	11/28/11	10,642			10,642	5 MO S/L	4,434	2,129
244	Building	3/17/08	1,386,349			1,386,349	45 MO S/L	177,787	30,808
245	Land	3/17/08	295,333			295,333	0 -- Land	0	0
247	Improvements	8/01/08	37,203			37,203	45 MO S/L	5,718	827
248	Heating/Air System	7/08/08	13,205			13,205	15 MO S/L	5,596	880
249	Paving	7/16/08	1,717			1,717	15 MO S/L	629	115
250	Fire System	8/14/08	2,572			2,572	10 MO S/L	1,393	257
251	Security System	9/02/08	1,598			1,598	10 MO S/L	1,012	160
252	Boston Upright Piano	10/01/12	5,280			5,280	10 MO S/L	660	528
253	Green Room Furniture	10/01/12	7,757			7,757	7 MO S/L	1,385	1,108
254	Winch	9/29/12	9,106			9,106	10 MO S/L	1,138	911
255	New Projector Lights	12/14/12	29,175			29,175	5 MO S/L	6,321	5,835
256	CNG Vehicle	2/26/13	31,263			31,263	6 MO S/L	4,342	5,210
257	Equipment	3/07/13	3,500			3,500	7 MO S/L	417	500
258	Rob's Truck	6/17/14	26,711			26,711	6 MO S/L	0	2,226
259	Lighting Equipment	1/31/14	49,458			49,458	10 MO S/L	0	4,534
260	Yamaha Digital Console	4/14/14	40,050			40,050	5 MO S/L	0	6,008
261	Lighting Fixtures	5/07/14	24,064			24,064	10 MO S/L	0	1,604
262	Maytag Washer	8/05/14	4,051			4,051	5 MO S/L	0	338
263	Icemaker	9/22/14	1,129			1,129	5 MO S/L	0	56
264	Maytage Dryer	9/23/14	2,859			2,859	5 MO S/L	0	143
265	Amplifier & Speakers	10/13/14	17,055			17,055	5 MO S/L	0	853
266	Spot & Booth Cameras	10/14/14	5,779			5,779	5 MO S/L	0	289
Total Other Depreciation			<u>5,162,051</u>			<u>5,162,051</u>		<u>1,970,122</u>	<u>235,234</u>
Total ACRS and Other Depreciation			<u>5,162,051</u>			<u>5,162,051</u>		<u>1,970,122</u>	<u>235,234</u>
Grand Totals			5,162,051			5,162,051		1,970,122	235,234
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>5,162,051</u>			<u>5,162,051</u>		<u>1,970,122</u>	<u>235,234</u>

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/15

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Table Tiles	12/17/98	694	0	0
2	Copper Gutter	12/17/98	2,853	0	0
3	Carpets	12/18/98	3,200	0	0
4	Signature Bricks	12/28/98	1,808	0	0
5	2 Floor Safes	9/28/98	706	0	0
6	Bronze Sculpture	11/02/98	3,000	150	0
7	Theatre Lobby Fixtures	11/12/98	2,652	0	0
8	Costume Shop Equipment	11/18/98	1,604	0	0
9	Counter & Tile	11/23/98	1,364	0	0
10	Rehearsal Hall Flooring	11/23/98	3,000	150	0
11	Foam Cutting Tools	11/24/98	2,508	0	0
12	Theatre Signs	12/07/98	3,718	0	0
13	Theatre Lobby Decor	12/07/98	3,214	0	0
14	Computer System	9/29/98	17,892	0	0
15	Printer	10/29/98	1,695	0	0
16	Theatre Projectors	10/29/98	6,869	0	0
17	Theatre Projectors	12/07/98	5,843	0	0
18	Microphones	12/17/98	2,401	0	0
19	Signs & Placques	1/07/99	3,084	0	0
20	Lobby Furniture	1/04/99	3,592	0	0
21	Projection Lens	1/06/99	5,310	0	0
22	Air Filter & Deoderizer	1/14/99	1,127	0	0
23	Banquet Tables & Chairs	1/21/99	1,895	0	0
24	Electrical Panel in Pit	1/27/99	7,081	354	0
25	100 Queen Anne Chairs	1/27/99	24,761	0	0
26	Electric Marquee Sign	2/03/99	2,000	0	0
27	Atmosphere/Fog Generator Machine	1/23/99	11,292	0	0
28	Lighting Equipment	2/18/99	22,260	0	0
29	Studio Floor	2/18/99	2,803	141	0
30	Finish Theatre Floor	2/18/99	800	40	0
31	Metal Stage Braces	2/19/99	1,914	0	0
32	Chair for Mark's Office	2/22/99	3,179	0	0
33	Wireless Mikes & Sound Equipment	2/22/99	4,006	0	0
34	Kitchen Appliances	2/22/99	2,857	0	0
35	Coke Shrouds	3/01/99	750	0	0
36	DMX Cards and Electrical	3/02/99	5,065	0	0
37	Additional Server and Workstations	3/09/99	4,691	0	0
38	Chair Mats	3/10/99	646	0	0
39	Keyboard Arms & Trays	3/15/99	860	0	0
40	Blinds for Windows	3/15/99	512	0	0
41	Green Room Sofa and Kitchen Appliances	3/15/99	3,670	0	0
42	4 Computers & Monitors	3/15/99	3,654	0	0
43	Epson Stylus 640	3/15/99	735	0	0
44	Skirting for Banquet Tables	3/29/99	1,119	0	0
45	GL 3000 Stock Console	3/29/99	4,786	0	0
46	Waxie 1500 Floor Machine	3/29/99	1,033	0	0
47	2 Pentium II 400 mhz Computers	4/13/99	2,740	0	0
48	Carpeting in Theatre	5/12/99	4,461	0	0
49	Additional Finish Work on Building	5/12/99	8,467	424	0
50	Green Room Furniture	5/13/99	2,937	0	0
51	Lockers	7/14/99	1,296	0	0
52	Pentium II 333 mhz Computer	8/02/99	816	0	0
53	Signature Bricks	8/18/99	1,106	0	0
54	New Lift for Staging	8/03/99	14,050	0	0
55	Filing Cabinets	8/26/99	546	0	0
56	New Lift Rigging	9/17/99	5,816	0	0
57	Lobby Furniture	2/19/99	1,325	0	0
58	Blinds for Windows	9/27/99	647	0	0
59	Electical For Building	11/10/99	9,364	468	0
60	Lift Modification	11/12/99	3,086	0	0
61	Wireless Mikes, Mounts & Clips	11/12/99	9,585	0	0
62	Additional Mikes (Senn)	11/12/99	4,601	0	0
63	Roman Blinds	11/30/99	5,354	0	0
64	Ice Fog Generator	11/30/99	5,418	0	0
65	Computer Pentium Celeron	5/03/00	1,500	0	0
66	Computer Pentium 500 Celeron	5/13/00	1,723	0	0
67	System Server Pentium II 450 MMX	7/29/00	3,101	0	0
68	Computer upgrades, harddrive, memory	8/10/00	1,378	0	0

Future Depreciation Report FYE: 12/31/15

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Asset	Description	Date In Service	Cost	Tax	AMT
69	Fog Machine G150	6/30/00	674	0	0
70	Digital Camera	4/23/01	2,058	0	0
71	Hoover Vacuum	3/31/02	911	0	0
72	Digital Camera	6/18/02	666	0	0
73	Sound Board AH ML3000-40	7/23/02	7,279	0	0
74	Microphone equipment	8/06/02	2,117	0	0
75	Lighting equipment MAC2000 & accessories	8/23/02	38,899	0	0
76	Sewing machine	9/19/02	850	0	0
77	Microphone equipment	9/25/02	2,777	0	0
78	Technical equipment	10/21/02	1,665	0	0
79	Blackbaud Development Software	3/13/02	7,865	0	0
80	Martin PAL 1200	5/09/02	6,000	0	0
81	Totally Awesome Computers-Tech equipment	5/13/02	5,599	0	0
82	Video Scaler	7/17/02	1,706	0	0
83	Ticket printer	7/23/02	2,113	0	0
84	2 Pentium 4 computers	8/06/02	2,276	0	0
85	Computer equipment	8/29/02	838	0	0
86	10 Chairs costume department	9/19/02	1,519	0	0
87	Server/software equipment	10/07/02	8,567	0	0
88	New Phone System-ZephyR	10/24/02	18,458	0	0
89	Office Furniture	11/01/02	805	0	0
90	Laptop computer	11/18/02	2,083	0	0
91	2 HP printers	9/18/02	2,520	0	0
92	2 Fog Machines	12/02/02	5,916	0	0
93	Gel Entenders	12/27/02	876	0	0
94	Little Blizzard Snow Machine	12/27/02	1,981	0	0
95	Handline for stage	12/27/02	1,628	0	0
96	Little Blizzard Snow Machine	12/27/02	1,919	0	0
97	Auto Pilots	2/07/03	27,458	0	0
98	Drum Winch	2/07/03	40,177	1,674	0
99	Hoover Vacuum	2/07/03	820	0	0
100	Desk	2/17/03	814	0	0
101	Sound Equipment	3/18/03	4,311	0	0
102	Savin Copier	8/29/03	11,995	0	0
103	Tables	9/24/03	3,377	0	0
104	Financial Edge Software	9/16/03	18,475	0	0
105	Lighting Equipment	1/06/03	16,890	0	0
106	Sound equipment	4/18/03	2,567	0	0
107	Sound equipment	4/18/03	20,255	0	0
108	Lighting equipment	6/12/03	13,550	0	0
109	Set-Big River	2/01/03	40,850	2,043	0
110	Set-NTL	3/14/03	4,778	239	0
111	Set-King and I	5/17/03	26,274	1,314	0
112	Set-Footloose	7/07/03	47,526	2,376	0
113	Razors Edge software	4/29/03	2,500	0	0
114	Stage Modification-Tracking	7/13/03	20,015	1,335	0
115	Lighting equipment	8/07/03	2,488	0	0
116	Carpeting	11/12/03	4,090	0	0
117	Music Score-Christmas Carol	12/01/03	25,000	1,250	0
118	Set-Annie	10/11/03	35,354	1,768	0
119	Set-Christmas Carol	12/01/03	24,330	1,216	0
120	Music-King and I	5/23/03	5,500	275	0
121	Microphones	9/30/04	19,371	0	0
122	Piano	1/12/04	10,000	500	0
123	Truck Bedliner	7/15/04	1,500	0	0
124	Truck Racks and Modification	3/29/04	4,391	0	0
125	Office Furniture	6/28/04	1,652	0	0
126	Computer equipment	1/29/04	2,266	0	0
127	Computer equipment	2/17/04	2,544	0	0
128	Servers	5/01/04	5,076	0	0
129	Computer equipment	5/18/04	1,949	0	0
130	Server	6/20/04	4,215	0	0
131	Sound equipment	7/09/04	1,403	0	0
132	Computer monitors	9/01/04	1,745	0	0
133	Wireless laptop-sound room	10/12/04	2,549	0	0
134	Door	5/20/04	4,607	0	0
135	Projector equipment	9/07/04	7,133	0	0
136	Sign	11/30/04	2,377	0	0
137	Curtains	11/30/04	13,440	672	0
139	Patron Edge Software	9/15/05	108,705	7,247	0
140	Office chairs	9/30/05	2,172	145	0
141	Fly system	2/28/05	68,304	3,415	0

Asset	Description	Date In Service	Cost	Tax	AMT
142	Theatre equipment	8/31/05	5,156	344	0
143	Sprinkler system for catwalk	9/30/05	2,600	173	0
144	Servers/patron edge setup	9/30/05	7,741	0	0
145	Spot Lights	12/14/06	63,600	4,240	0
146	Patron Management Software	4/21/06	17,663	0	0
147	Analytics/Peoplelink	4/30/06	14,072	0	0
148	Shelving	3/30/06	3,929	393	0
149	Desk	1/02/06	1,407	0	0
150	Copier	3/28/06	9,583	0	0
151	Christmas Carol Orchestration	8/31/06	16,000	800	0
152	Greenroom Stoves	6/08/06	1,812	0	0
153	Chevy Natural Gas Truck	6/28/07	23,500	0	0
154	Natural Gas Chevy 2500	8/13/07	16,500	0	0
155	Natural Gas Chevy 2500	8/21/07	16,500	0	0
156	Computer Equipment	1/16/07	4,024	0	0
157	Speakers	3/08/07	15,000	1,500	0
158	High Resolution Cameras	4/19/07	3,668	0	0
159	Blackbaud Patron Management Solutions	5/22/07	33,073	3,307	0
160	Server Upgrade	4/25/07	2,250	0	0
161	Server Upgrade	7/26/07	1,416	0	0
162	Extron Switcher	8/21/07	1,190	0	0
163	Breakroom Cabinet	9/05/07	3,040	304	0
164	Plasma TVs	8/31/07	1,720	0	0
165	Echo Interface/Sennhieser Transmitters	9/01/07	4,010	0	0
166	Projector	9/01/07	3,975	0	0
167	HD TV	9/20/07	1,603	0	0
168	Projector Cabinets	9/25/07	1,330	133	0
169	Cash Wrap Counter-Costumes	10/25/07	1,444	144	0
170	Lift	10/30/07	6,240	416	0
171	Pecan TV	10/31/07	1,603	0	0
172	Refrigerators & Ice Bin	12/13/07	2,491	0	0
173	Transceivers	1/22/07	12,344	0	0
174	M7CL48 Console	1/31/07	23,898	1,593	0
175	Millermatic 210 Welder	2/27/07	2,114	0	0
176	Chroma Clear Flooring	3/25/07	3,966	396	0
177	Spinitar	3/07/07	158,690	7,934	0
178	Plasma TVs	4/30/07	11,600	0	0
179	Collapsible Bins	2/27/07	3,379	0	0
180	Surveillance Equipment	2/13/07	1,131	0	0
181	1987 Trailer	4/02/07	4,900	0	0
182	Natural Gas Truck	7/17/08	25,800	0	0
183	Rebuild Stage Walls	1/31/08	12,692	1,058	0
184	CNG Compressor	6/19/08	2,970	297	0
185	Shop Fixtures	7/15/08	1,323	132	0
186	Green Chairs	8/29/08	6,445	430	0
187	2 Show Control Computers	2/04/08	1,645	0	0
188	Shop Bins	1/08/08	3,782	252	0
189	Computer Equipment	1/03/08	2,801	0	0
190	Computer Equipment	1/03/08	6,779	0	0
191	2 50 PlasmaTVs	1/09/08	6,090	0	0
192	Warehouse Racks	1/22/08	9,000	600	0
193	Ticket Printers	2/01/08	6,049	0	0
194	Freezer	3/18/08	427	0	0
195	Furniture	7/02/08	6,517	652	0
196	Spotlights	3/21/08	1,197	0	0
197	Power Supply	11/06/08	2,375	0	0
198	6 Projectors	2/10/08	20,101	2,010	0
199	Theatre Equipment	3/03/08	3,093	310	0
200	Sets, Props, Costumes, etc	4/02/08	914,600	36,584	0
201	Lighting Equipment	4/15/08	9,205	921	0
202	Confetti Cannons	4/17/08	7,116	712	0
203	Lighting Equipment	8/08/08	15,609	1,560	0
204	Lighting Equipment	10/09/08	5,065	507	0
205	Digital Light Upgrade	7/08/08	14,555	0	0
206	Fog Machines & Battery	11/26/08	22,886	2,289	0
207	New Sound System (Booth)	12/31/08	5,799	580	0
208	Forklift	3/31/08	1,000	0	0
209	Snow Machines	11/21/08	5,245	525	0
210	Theatre Carpeting	11/25/09	11,079	1,108	0
211	Moving Spots	8/18/09	3,244	324	0
212	New Server	8/31/09	6,564	0	0
213	Washer & Dryers	11/12/09	2,336	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
214	Theatre Seats	11/25/09	18,342	917	0
215	Sound Computer	8/06/09	3,064	0	0
216	Lighting Equipment	10/06/09	2,590	259	0
217	Lighting Equipment	12/15/09	1,740	174	0
218	TVs & Washer	1/31/10	2,064	35	0
219	Lighting Fixtures	2/19/10	8,416	841	0
220	Radiant Hazer	4/20/10	1,157	78	0
221	Digital Camera System	4/26/10	2,305	230	0
222	Auditorium Speakers	4/13/10	13,012	1,302	0
223	Steel Bender	10/11/11	32,356	3,235	0
224	CPU & Encoders	10/28/11	6,314	1,263	0
225	Apple Computer Stage	10/31/11	7,582	1,516	0
226	2 Fog Machines	11/18/11	9,260	1,323	0
227	Movi Drivers & Brakes - Winch	12/12/11	15,949	1,595	0
228	Light Board & Moving Lights	12/12/11	29,047	2,905	0
229	Winch	1/31/11	15,847	1,584	0
230	8 Computers	1/31/11	4,705	941	0
231	Vari*Lite Spots	2/01/11	15,060	1,506	0
232	Light Strips & Switches	2/28/11	4,307	861	0
233	2 Servers	11/20/11	7,521	1,504	0
234	Computer Equipment	11/20/11	7,780	1,556	0
236	Lathe/Grinder	1/10/12	7,408	741	0
237	Audience View Software	1/31/12	128,707	25,742	0
238	Light Board and Moving Fixtures	2/03/12	49,659	4,966	0
239	Pipe Bender	4/30/12	15,160	1,516	0
240	Winch Modification	5/24/12	15,124	1,512	0
241	Meters	5/30/08	2,990	299	0
243	Telephone System	11/28/11	10,642	2,128	0
244	Building	3/17/08	1,386,349	30,807	0
245	Land	3/17/08	295,333	0	0
247	Improvements	8/01/08	37,203	827	0
248	Heating/Air System	7/08/08	13,205	881	0
249	Paving	7/16/08	1,717	114	0
250	Fire System	8/14/08	2,572	258	0
251	Security System	9/02/08	1,598	160	0
252	Boston Upright Piano	10/01/12	5,280	528	0
253	Green Room Furniture	10/01/12	7,757	1,109	0
254	Winch	9/29/12	9,106	911	0
255	New Projector Lights	12/14/12	29,175	5,835	0
256	CNG Vehicle	2/26/13	31,263	5,211	0
257	Equipment	3/07/13	3,500	500	0
258	Rob's Truck	6/17/14	26,711	4,452	0
259	Lighting Equipment	1/31/14	49,458	4,946	0
260	Yamaha Digital Console	4/14/14	40,050	8,010	0
261	Lighting Fixtures	5/07/14	24,064	2,407	0
262	Maytag Washer	8/05/14	4,051	810	0
263	Icemaker	9/22/14	1,129	226	0
264	Maytag Dryer	9/23/14	2,859	572	0
265	Amplifier & Speakers	10/13/14	17,055	3,411	0
266	Spot & Booth Cameras	10/14/14	5,779	1,156	0
Total Other Depreciation			<u>5,162,051</u>	<u>233,384</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>5,162,051</u>	<u>233,384</u>	<u>0</u>
Grand Totals			<u>5,162,051</u>	<u>233,384</u>	<u>0</u>

Net Operating Loss Carryover Worksheet

Form **990-T**

2014

For calendar year 2014, or tax year beginning _____, ending _____

Name

HALE CENTRE THEATRE

Employer Identification Number
84-1420029

Preceding Taxable Year	Prior Year			Current Year	Next Year
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Carryover
17th 12/31/97					
16th 12/31/98					
15th 12/31/99					
14th 12/31/00					
13th 12/31/01					
12th 12/31/02					
11th 12/31/03					
10th 12/31/04					
9th 12/31/05					
8th 12/31/06					
7th 12/31/07					
6th 12/31/08					
5th 12/31/09					
4th 12/31/10	-46,950	5,006	41,944		41,944
3rd 12/31/11	5,006				
2nd 12/31/12	-14,879		14,879		14,879
1st 12/31/13	-44,851		44,851		44,851
NOL carryover available to current year			101,674		
Current year	-19,923				19,923
NOL carryover available to next year					121,597

For calendar year 2014, or tax year beginning

, ending

Name

Taxpayer Identification Number

HALE CENTRE THEATRE**84-1420029**

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	1. 947,033	608,994	-338,039
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,021,589	932,965	-88,624
	4. Program service revenue	4. 5,575,938	7,639,561	2,063,623
	5. Investment income	5. 208,279	177,712	-30,567
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 9,000		-9,000
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 12,056	6,563	-5,493
	12. Total revenue. Add lines 1 through 11	12. 7,773,895	9,365,795	1,591,900
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 428,229	436,369	8,140
	16. Salaries, other compensation, and employee benefits	16. 1,922,581	2,098,624	176,043
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 117,544	33,684	-83,860
	19. Occupancy, rent, utilities, and maintenance	19. 873,025	933,370	60,345
	20. Depreciation and Depletion	20. 231,088	235,234	4,146
	21. Other expenses	21. 3,655,268	4,434,511	779,243
	22. Total expenses. Add lines 13 through 21	22. 7,227,735	8,171,792	944,057
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 546,160	1,194,003	647,843
Other Information	24. Total exempt revenue	24. 7,773,895	9,365,795	1,591,900
	25. Total unrelated revenue	25. 97,391	59,070	-38,321
	26. Total excludable revenue	26. 5,707,882	7,764,766	2,056,884
	27. Total assets	27. 7,533,840	8,373,876	840,036
	28. Total liabilities	28. 6,371,658	6,017,691	-353,967
	29. Retained earnings	29. 1,162,182	2,356,185	1,194,003
	30. Number of voting members of governing body	30. 78	72	
	31. Number of independent voting members of governing body	31. 75	68	
	32. Number of employees	32. 196	193	
	33. Number of volunteers	33. 85	95	

Form **990T****Two Year Comparison Report****2013 & 2014**

For calendar year 2014, or tax year beginning , ending

Name

Taxpayer Identification Number

HALE CENTRE THEATRE**84-1420029**

		2013	2014	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	194,782	59,070	-135,712
11. Total trade or business income. Combine lines 1 through 10	11.	194,782	59,070	-135,712	
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	49,825	27,247	-22,578
	14. Repairs and maintenance	14.	33,741		-33,741
	15. Bad debts	15.			
	16. Interest	16.	27,318	26,498	-820
	17. Taxes and licenses	17.	945	945	
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.	30,413	24,303	-6,110
	23. Total deductions. Add lines 12 through 22	23.	142,242	78,993	-63,249
	24. Taxable income before NOL. Subtract line 23 from 11	24.	52,540	-19,923	-72,463
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.			
	27. Unrelated business taxable income.	27.	52,540	-19,923	-72,463
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form **990****Tax Return History****2014**

Name

HALE CENTRE THEATRE

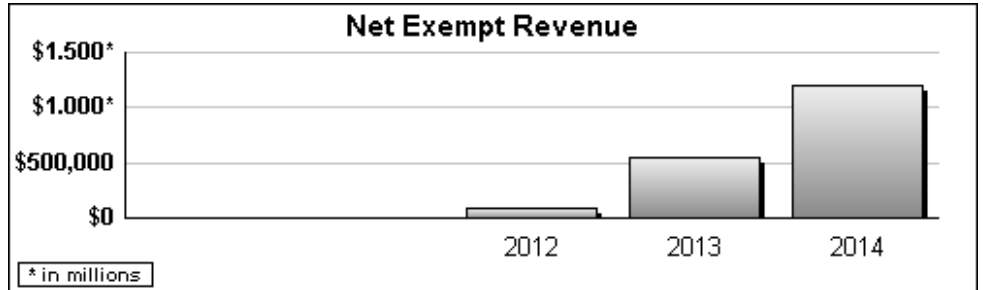
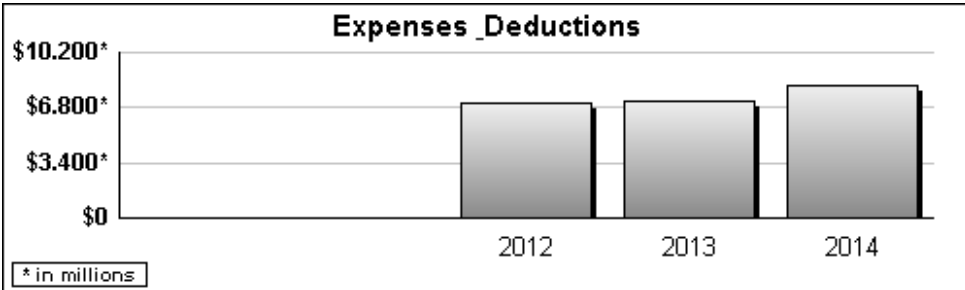
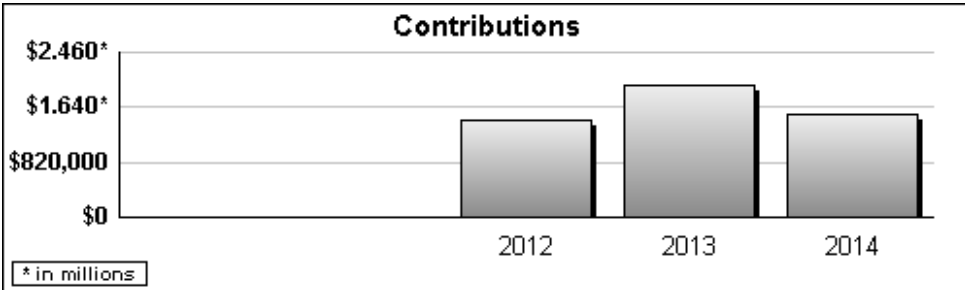
Employer Identification Number

84-1420029

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			1,456,293	1,968,622	1,541,959	
Membership dues						
Program service revenue			5,667,970	5,575,938	7,639,561	
Capital gain or loss				9,000		
Investment income			39,723	208,279	177,712	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			20,894	12,056	6,563	
Total revenue			7,184,880	7,773,895	9,365,795	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			416,124	428,229	436,369	
Other compensation			1,923,881	1,922,581	2,098,624	
Professional fees				117,544	33,684	
Occupancy costs			861,445	873,025	933,370	
Depreciation and depletion			233,620	231,088	235,234	
Other expenses			3,653,023	3,655,268	4,434,511	
Total expenses			7,088,093	7,227,735	8,171,792	
Excess or (Deficit)			96,787	546,160	1,194,003	
Total exempt revenue			7,184,880	7,773,895	9,365,795	
Total unrelated revenue			131,874	97,391	59,070	
Total excludable revenue			7,053,006	5,707,882	7,764,766	
Total Assets			5,999,161	7,533,840	8,373,876	
Total Liabilities			5,383,136	6,371,658	6,017,691	
Net Fund Balances			616,025	1,162,182	2,356,185	

Name **HALE CENTRE THEATRE** Employer Identification Number
84-1420029

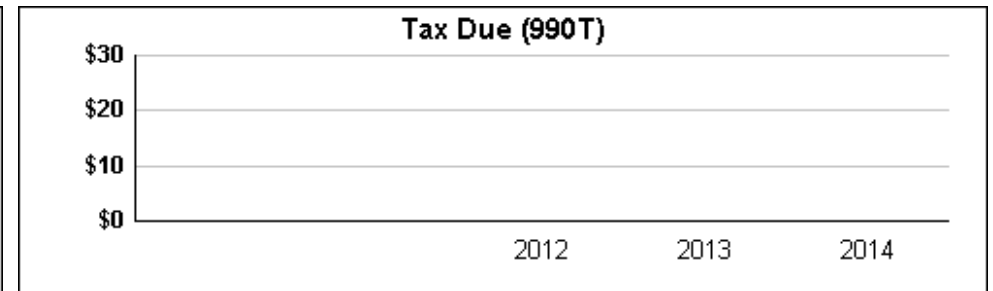
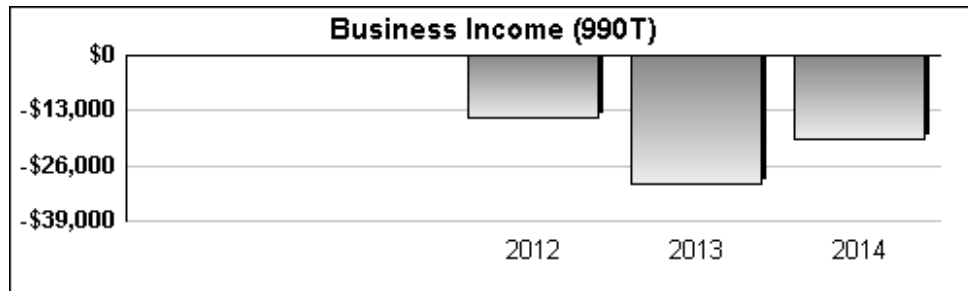
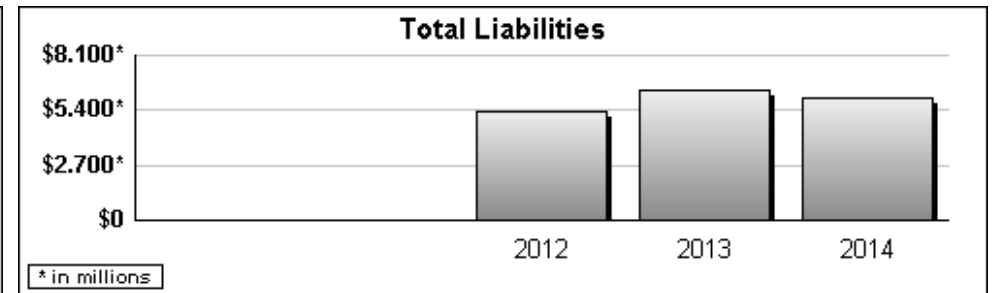
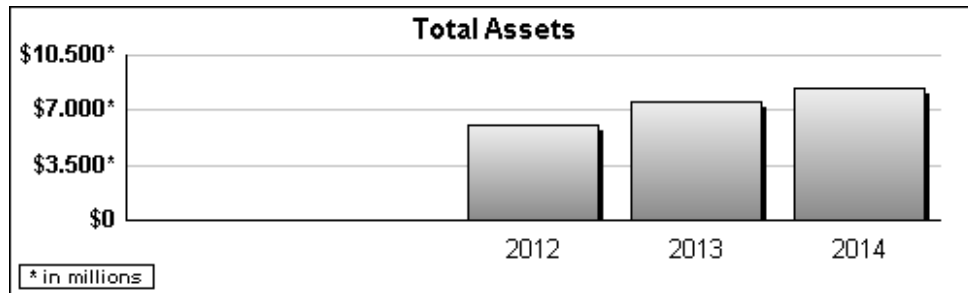
	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income			131,874		59,070	
Total trade or business income.			131,874		59,070	
Compensation of officers, ect.						
Other salaries and wages			60,100	49,825	27,247	
Repairs and maintenance			20,893	33,741		
Bad debts						
Interest			27,318	27,318	26,498	
Taxes and licenses			5,630	945	945	
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Name HALE CENTRE THEATRE	Employer Identification Number 84-1420029
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	2010	2011	2012	2013	2014	2015
Other deductions			32,812	30,413	24,303	
Net operating loss deduction						
Specific deduction						
Income after expense and deductions			-14,879	-30,413	-19,923	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST INCOME	\$ 48,036			14		
TOTAL	<u>\$ 48,036</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
AUTO EXPENSES	\$ 32,142	\$ 28,786	\$ 3,198	\$ 158
REAL PROPERTY TAXES	23,122	23,122		
EMPLOYEE DEVELOPMENT	22,292	21,592		700
MEALS & ENTERTAINMENT	14,690	6,600		8,090
DUES & SUBSCRIPTIONS	9,721	6,832		2,889
CONTRIBUTIONS	7,524			7,524
PHOTOGRAPHY	5,780	5,780		
BANK CHARGES	3,657	3,657		
DEVELOPMENT EXPENSES	3,447	3,159		288
PROPERTY TAXES	3,131	3,131		
OUTSIDE SERVICES	130	130		
TOTAL	\$ <u>125,636</u>	\$ <u>102,789</u>	\$ <u>3,198</u>	\$ <u>19,649</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
VARIOUS CONTRIBUTORS	\$ 145,494
SALT LAKE COUNTY ZOO ARTS & PARKS	
CASH CONTRIBUTION	850,315
STATE OF UTAH	
CASH CONTRIBUTION	82,650
KENNETH WOOLLEY	
CASH CONTRIBUTION	50,000
TODD HEINER	
CASH CONTRIBUTION	50,000
MITCHELL & JUNE MORRIS FOUNDATION	
CASH CONTRIBUTION	40,000
CHILD FAMILY FOUNDATION	
CASH CONTRIBUTION	35,000
BARRY D MOWER	
CASH CONTRIBUTION	30,000
GEORGE S & DELORES ECCLES FOUNDATION	
CASH CONTRIBUTION	25,000
SAM PORTER	
CASH CONTRIBUTION	20,000
G&A PARTNERS	
CASH CONTRIBUTION	13,500
THE CHURCH OF JESUS CHRIST OF LATTER	
CASH CONTRIBUTION	12,500
BERTIN FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
ROBERT D KENT JR TRUST	
CASH CONTRIBUTION	10,000
CHARLES E ERB FOUNDATION	
CASH CONTRIBUTION	10,000
PLURALSIGHT	
CASH CONTRIBUTION	10,000
RIO TINTO	
CASH CONTRIBUTION	10,000
ROBERT E TAYLOR	
CASH CONTRIBUTION	10,000
WORKER COMPENSATION FUND	
CASH CONTRIBUTION	10,000
QUESTAR CORPORATION ARTS FOUNDATION	
CASH CONTRIBUTION	10,000
STERLING & SHELLI GARDNER FOUNDATION	

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION BD MEDICAL	\$ 7,500
CASH CONTRIBUTION GOLDMAN, SACHS & COMPANY	5,000
CASH CONTRIBUTION LES OLSON COMPANY	5,000
CASH CONTRIBUTION WELLS FARGO	5,000
CASH CONTRIBUTION UNION PACIFIC FOUNDATION	5,000
CASH CONTRIBUTION FLAMM FAMILY FOUNDATION	5,000
CASH CONTRIBUTION COLEMERE FOUNDATION	5,000
CASH CONTRIBUTION WALLACE B BROWN	5,000
CASH CONTRIBUTION ASHTON FAMILY FOUNDATION	5,000
CASH CONTRIBUTION BRUCE BINGHAM	5,000
CASH CONTRIBUTION EXECUTECH	5,000
CASH CONTRIBUTION LARRY M GIBSON	5,000
CASH CONTRIBUTION MARK A DIETLEIN	5,000
CASH CONTRIBUTION RON SMART	5,000
CASH CONTRIBUTION FRANCES W BURTON FOUNDATION	5,000
CASH CONTRIBUTION GERALD MEILING	5,000
CASH CONTRIBUTION TED DAVIS	5,000
CASH CONTRIBUTION DEBBI RANDALL	5,000
CASH CONTRIBUTION PEGGY LARSON	5,000
CASH CONTRIBUTION BARBARA JANE WATKINS	5,000

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 5,000
TOTAL	\$ <u>1,541,959</u>

Schedule A, Part III, Line 2(e)

Description	Amount
ADMISSIONS	\$ 6,724,797
ACTING CLASSES	86,568
CONCESSIONS & GIFT SALES	268,913
INSURANCE PROCEEDS	487,034
OTHER	83
SALE OF STOCK	-236
MISCELLANEOUS INCOME	6,563
TOTAL	\$ <u>7,573,722</u>

Schedule A, Part III, Line 3(e)

Description	Amount
RENTAL INCOME	\$ 13,096
TOTAL	\$ <u>13,096</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 48,036
UNREALIZED GAIN ON INVESTMENT	129,912
TOTAL	\$ <u>177,948</u>

Federal Statements**Schedule A, Part III, Line 11**

Description	Amount
COSTUME & SET RENTALS	\$ 59,070
LESS: DEDUCTIONS	<u>-79,993</u>
TOTAL	<u>\$ -20,923</u>

Form 990-T - Interest Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
WELLS FARGO BANK	\$ 26,498
TOTAL	\$ <u>26,498</u>

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
UTILITIES	\$ 10,564
INSURANCE	5,345
COSTUME EXPENSES	<u>8,394</u>
TOTAL	\$ <u>24,303</u>