	Λ	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047
Forr	n <b>H</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		<sup>ns)</sup> 2016
Depa	rtment	nay be made public.	Open to Public	
Intern	al Reve	Information about Form 990 and its instructions is at we		Inspection
AF	or th	2016 calendar year, or tax year beginning ${\tt SEP1,2016}$ and ending	AUG 31, 2017	
Bc	heck if pplicab	C Name of organization	D Employer identifi	cation number
	⊐Addre	AMERICAN ASSOCIATION OF COMMONITY		
	_chang			~ ~ ~ ~ ~ <i>~</i>
	_chang	U		692296
	_return	Number and street (or P.O. box if mail is not delivered to street address)		
	Final return termir			732-3177
	ated ]Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	695,612.
	_lreturn	10 K I WORTH, $1 K$ $70107 - 4050$	H(a) Is this a group re	
	Applio tion pendi		for subordinates	
<u> </u>		SAME AS C ABOVE	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1) or$ e: HTTPS:/WWW.AACT.ORG		list. (see instructions)
			H(c) Group exemptio	-
	orm o	organization: X Corporation Trust Association Other ► L Summary	Year of formation: 1986	State of legal domicile: 11
Га		Briefly describe the organization's mission or most significant activities: AACT HEI		HRTVF
ce	1	Briefly describe the organization's mission or most significant activities:	ILO INDAINDO I	
Activities & Governance		Check this box      if the organization discontinued its operations or disposed of	mara than 25% of its not a	
ver	2		1	29
6	4	Number of independent voting members of the governing body (Part VI, line 1a)		29
s &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	·····	7
itie		Total number of volunteers (estimate if necessary)		150
ctiv	72	Total unrelated business revenue from Part VIII, column (C), line 12		86,743.
Ă		Net unrelated business taxable income from Form 990-T, line 34		-3,335.
			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	349,047.	395,347.
Revenue	9	Program service revenue (Part VIII, line 2g)	323,315.	291,993.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,582.	8,272.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-723.	-825.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	679,221.	694,787.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	44,280.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	260,570.	281,526.
nse		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expense		Total fundraising expenses (Part IX, column (D), line 25)		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	358,186.	360,299.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	618,756.	686,105.
	19	Revenue less expenses. Subtract line 18 from line 12	60,465.	8,682.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets alar	20	Total assets (Part X, line 16)	1,048,439.	1,109,159.
t As nd B	21	Total liabilities (Part X, line 26)	348,611.	368,542.
		Net assets or fund balances. Subtract line 21 from line 20	699,828.	740,617.
	nrt II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Cignoture of officer	Data	
Sigr		Signature of officer	Date	
Her	е	▲ JULIE CRAWFORD, EXECUTIVE DIRECTOR		

	Type or print name and title	_		
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
		CHARLES O. PAUL,	CPA01/09/	
	Firm's name CHARLES O. PAUL,		Fi	irm's EIN <b>75-2849913</b>
Use Only	Firm's address 7408 CONTINENTAL			
	NORTH RICHLAND H	IILLS, TX 76182	Р	hone no.817-498-0884
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	AMERICAN ASSOCIATION OF COMMUNITY
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Pa	rt 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: TO FOSTER AND ENCOURAGE THE DEVELOPMENT OF EXCELLENCE IN COMMUNITY
	THEATRE IN THE UNITED STATES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 131,055. including grants of \$ ) (Revenue \$ 64,685.)
	ORGANIZE AND PUBLISH A 36-52 PAGE NEWSLETTER/MAGAZINE DISTRIBUTED TO
	MEMBERS SIX TIMES A YEAR, WITH ONE ISSUE DISTRIBUTED TO A LARGER LIST
	OF INTERESTED INDIVIDUALS AND NON-MEMBER COMMUNITY THEATRES; ORGANIZE,
	MAINTAIN, AND PUBLISH AN ONLINE DIRECTORY OF MEMBERS; CREATE AND
	PUBLISH OTHER MATERIALS SUCH AS GUIDES FOR HOSTING THEATRE FESTIVALS, A BOOK FOR TRAINING BOARD MEMBERS, AND VARIOUS PROGRAM MATERIALS;
	ORGANIZE, DEVELOP, AND MAINTAIN A WEBSITE TO PROVIDE RESOURCES,
	OPPORTUNITIES, AND DELIVERY OF SERVICES TO MEMBERS AND OTHER INTERESTED
	PERSONS AND GROUPS.
4b	(Code: ) (Expenses \$ 371,777. including grants of \$ 44,280.) (Revenue \$ 139,740.)
	SERVE THE THEATRE COMMUNITY BY PLANNING AND CONDUCTING EDUCATIONAL
	CONFERENCES AND WORKSHOPS, CONDUCTING MEETINGS TO CREATE AND PLAN
	PROGRAMS AND SERVICES, AND RECOGNIZING OUTSTANDING CONTRIBUTIONS TO
	COMMUNITY THEATRE. ORGANIZE AND ADMINISTER THE COMMUNITY THEATRE
	FESTIVAL PROGRAM, INCLUDING GUIDANCE AND ASSISTANCE TO STATE AND
	REGIONAL FESTIVALS IN ADVANCE AND ONSITE; CONDUCT THE NATIONAL FESTIVAL
	OF COMMUNITY THEATRE; PROVIDE TRAVEL FUNDS TO THEATRES PARTICIPATING IN
	THE NATIONAL FESTIVAL. ORGANIZE AND CONDUCT A NEW PLAY CONTEST,
	RESULTING IN FULL PRODUCTIONS OF SIX WINNING SCRIPTS BY THEATRES ACROSS THE COUNTRY; PROVIDE FUNDS TO SUPPORT THE NEW PLAY PRODUCTIONS,
	INCLUDING INVOLVEMENT OF THE PLAYWRIGHTS. PROMOTE INTERNATIONAL
	CULTURAL EXCHANGE WITH THEATRES AROUND THE WORLD.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4d	Other program services (Describe in Schedule O.)
	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 502,832.

THEATRE

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Pa	rt 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	4		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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		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	18		х
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	19		X

Form **990** (2016)

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	990 (2016) THEATRE 47-0692	2296	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	22		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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<u> </u>
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
54		34		x
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		ļ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 330	ļ	<b>├</b> ──
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	1
_	neter and one of the are required to complete obligation of	00		L

Form **990** (2016)

Form	990 (2016) THEATRE 47-0692	296	F	age <b>5</b>
Par	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	]		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

	AMERICAN ASSOCIATION OF COMMUNITY					
Form	990 (2016) THEATRE	47-0	6922	96	Pa	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 t	hrough 7b below, and	for a "N	lo" re		
	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
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		100	
iu	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29			
-	· · · · · · · · · · · · · · · · · · ·					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			2	x	
~	officer, director, trustee, or key employee?		·····	-		
3	Did the organization delegate control over management duties customarily performed by or under t					x
	of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$		····· —	3	37	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	L	5		X
6	Did the organization have members or stockholders?		L	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?		7	7a	Х	
<b>b</b>		at a al da al al ava av				

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		
	persons other than the governing body?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a	Х
	Each committee with authority to act on behalf of the governing body?	8b	X

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
40	Contine C104 requires an eventiantic to make its Forms 1000 (or 1004 if annihishla) 000, and 000 T (Contine F01(s)/0)s and )	م ، ، م ا ا م ا	1.0	

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:
	THE ORGANIZATION - 817-732-3177
	1300 GENDY STREET, FORT WORTH, TX 76107-4036

х

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Form 990 (2016)

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and	d Independe	ent Contra	ctors		

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

THEATRE

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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trustee		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MURRAY CHASE	10.00	-		0	$\times$	Ξē	Œ			
PRESIDENT UNTIL JULY 2017		x		х				0.	Ο.	0.
(2) CAROLE RIES	10.00									
EXECUTIVE VICE PRESIDENT UNTIL JULY		x		х				0.	Ο.	Ο.
(3) KAY ARMSTRONG	10.00									
V. P. FOR FESTIVALS UNTIL JULY 2017		X		Х				0.	0.	0.
(4) FRANK PEOT	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL FOX	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) GARY WALKER	3.00									
PAST PRESIDENT UNTIL JULY 2017		Х		Х				0.	0.	0.
(7) EMILY ANDERSON	4.00									
MEMBER AT LARGE		X						0.	0.	0.
(8) SHARON BURUM	2.50								_	_
MEMBER AT LARGE		X						0.	0.	0.
(9) RON CAMERON-LEWIS	6.30								_	
MEMBER AT LARGE		X						0.	0.	0.
(10) CHAD-ALAN CARR	2.00								_	_
MEMBER AT LARGE		X						0.	0.	0.
(11) MICHAEL COCHRAN	1.00								_	_
MEMBER AT LARGE BEGINNING JULY 2017		Х						0.	0.	0.
(12) ALLEN EBERT	1.00								_	_
MEMBER AT LARGE BEGINNING JULY 2017		X						0.	0.	0.
(13) BOB FRAME	8.00								_	
MEMBER AT LARGE		Х						0.	0.	0.
(14) RICH GANNON	2.00								_	
MEMBER AT LARGE		X						0.	0.	0.
(15) KRIS GEDDIE	3.00									
MEMBER AT LARGE	<b>_</b>	X						0.	0.	0.
(16) RICK KERBY	5.00								^	•
MEMBER AT LARGE		X						0.	0.	0.
(17) LIZ LYDIC	1.75								^	•
MEMBER AT LARGE		X						0.	0.	0 <b>.</b>

AMERICAN	ASSOCIATION	OF	COMMUNITY
AMERICAN	ASSOCIATION	$\mathbf{OF}$	COMMUNITY

THEATRE

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average	(-1			ition			Reportable	Reportable	E	stimate	ed
	hours per	box	, unles	ss pe	erson	than is bot	h an	compensation	compensation	a	mount	of
	week	<u> </u>	cer an	d a d	lirecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		npensa	
	hours for related	or di	e			ated		organization	(W-2/1099-MISC)		from th	
	organizations	ustee	truste		e	bens		(W-2/1099-MISC)			ganizat	
	below	ual tr	ional		ploye	t con /ee	-				nd relat ganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				jainzati	0113
(18) SARA PHOENIX	5.00		_	0	Ť							
MEMBER AT LARGE		X						0.	0	•		0.
(19) KRISTI QUINN	1.50											
MEMBER AT LARGE BEGINNING JULY 2017		Х						0.	0	•		0.
(20) CHRIS SERFACE	7.00											
MEMBER AT LARGE		Х						0.	0	•		0.
(21) JAMIE ULMER	1.00											
MEMBER AT LARGE BEGINNING JULY 2017		Х						0.	0	•		0.
(22) JIM WALKER	7.00											
MBR AT LARGE UNTIL 07 2017, THEN VP		Х						0.	0	•		0.
(23) BEVIE LORD	10.00											-
REGION I REPRESENTATIVE		х						0.	0	·		0.
(24) SUSANNE CAVINESS	1.00							0	0			^
REGION II REP.UNTIL SPRING 2017	1 00	X						0.	0	•		0.
(25) MARSHA AMATO-GREENSPAN	1.00	x						0.	0			0.
REGION II REP. BEGINNING SPRING 2017	5.00	^						0.	0	•		0.
(26) LUCINDA LAWRENCE REGION III REP.UNTIL JULY 2017	5.00	x						0.	0			0.
46 0.46 4.4-1								0.	0			0.
1b Sub-total c Total from continuation sheets to Part VI								73,780.	0			0.
								73,780.	0	•		0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>										•		••
compensation from the organization		1056	iiste	u a	DOV	e) wi	101	eceived more than \$100	,000 of reportable			0
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director. or tru	ustee	e. ke	v er	npla	ovee.	or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	n any	/ unr	elat	ted organization or indivi	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	-									sation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithir	n the organization's tax y	year.			
(A) Name and business	addrosa	370						( <b>B)</b> Description of s	onviooo		( <b>C)</b> ensatio	n
	auuress	NC	ONE	5			_	Description of s	ervices	Comp	ensalio	
							-					

 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
 ▶
 0

 SEE
 PART
 VII,
 SECTION
 A
 CONTINUATION
 SHEETS

THEATRE

Form 990

47 - 0692296

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	æ			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e	pens				and related
	organizations	ual tri	onal		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	· · ·	Ē	Ë	đ	Ke	Ξ	ß			
(27) STEVE HUGHES	3.00	v						0.	0.	0.
REGION III REP. BEGINNING JULY 2017	3.00	X						0.	0.	0.
(28) LYNN NELSON	3.00	x						0.	0.	0.
REGION IV REP. (29) NANCY EPPERT	10.00	^						0.	0.	0.
	10.00	x						0.	0.	0.
REGION V REPRESENTATIVE (30) JEFFREY BROWN	0.30	^						0.	0.	0.
REGION VI REP. UNTIL FEBRUARY 2017	0.50	x						0.	0.	0.
(31) SALLY BARNES	1.00	<u>^</u>						0.	0.	0.
REGION VI REP. BEGINNING APRIL 2017	<u> </u>	x						0.	0.	0.
(32) DONNA FISHER	7.00	<u>_</u>	-					0.	0.	0.
REGION VII REPRESENTATIVE	7.00	x						0.	0.	0.
(33) GIL SAVAGE	1.50							0.	0.	0.
REGION VIII REP. UNTIL FEBRUARY 2017	1.50	x						0.	0.	0.
(34) DENNIS GILMORE	2.00	<u>^</u>						0.	0.	0.
REGION VIII REP. BEGINNING FEBRUARY	2.00	x						0.	0.	0.
(35) JON DOUGLAS RAKE	5.00							•	• •	0.
REGION IX REPRESENTATIVE	5.00	x						0.	0.	0.
(36) DANE WINTERS	3.50								••	••
REGION X REPRESENTATIVE	5.50	x						0.	Ο.	0.
(37) JULIE CRAWFORD	40.00									
EXECUTIVE DIRECTOR	40.00			x				60,318.	Ο.	0.
(38) QUIANA CLARK-ROLAND	40.00	<u> </u>						00,510.	••	
INCOMING EXECUTIVE DIR.	40.00			x				13,462.	0.	0.
INCOMING EXECUTIVE DIK.								15,402.	0.	••
		1								
			-			-				
			-							
	I	I	I		I	L	I			
Total to Part VII, Section A, line 1c								73,780.		
,, ········										

AMERICAN	ASSOCIATION	OF	COMMUNITY
THEATRE			

- orm	990 (	2016) THEAT		CIAIION	OF COMMUNIT	11	47-0692	296 Page
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
contributions, Girts, Grants and Other Similar Amounts	b	Membership dues	1b	287,375.				
Am 6	с	Fundraising events	1c					
lar	d	Related organizations	1d					
in,	е	Government grants (contribut	ions) <b>1e</b>					
5	f	All other contributions, gifts, gran						
Ē		similar amounts not included abo	ve 1f	107,972.				
	g	Noncash contributions included in lines	1a-1f: \$					
<u>ה</u> כ	h	Total. Add lines 1a-1f			395,347.			
		5500T177T		Business Code	120 740	120 740		
lice		FESTIVAL		711300	139,740.	139,740.	06 740	
ne		ADVERTISING		711300	86,743.	11 011	86,743.	
Nen 2		ASCAP EDUCATION		711300 711300	44,841. 9,121.	44,841. 9,121.		
Be	d	MAILING LIST RE	יאזידי א ד	711300	8,183.	9,121.		
Program Service Revenue	e				3,365.	3,365.		
-		All other program service reve			291,993.	5,505.		
_	<u> </u>	Total. Add lines 2a-2f Investment income (including			251,555.			
	3	other similar amounts)			8,272.			8,272
	4	Income from investment of tax		Г	• / = / = /			• / = / =
	5	Royalties		F				
	•		(i) Real	(ii) Personal				
	6 a	Gross rents		(				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		🕨				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		····· ►				
Other Revenue	8 a	Gross income from fundraising including \$	•					
Sev.		contributions reported on line	1c). See					
erF		Part IV, line 18						
₽l		Less: direct expenses						
_		Net income or (loss) from func	-	▶				
	9 a	Gross income from gaming ac						
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	iu a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale			-825.	-825.		
ł	<u> </u>	Miscellaneous Revenu		Business Code		525.		
ł	11 a		-					
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
		Total revenue. See instructions.					86,743.	8,272

 Form 990 (2016)
 THEATRE

 Part IX
 Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,280.	44,280.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	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	73,780.	36,890.	36,890.	
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	151,023.	122,720.	28,303.	
8	Pension plan accruals and contributions (include	. ,	, · · ·		
5	section 401(k) and 403(b) employer contributions)	8,496.		8,496.	
^		28,714.		28,714.	
9	Other employee benefits	19,513.	12 054		
10	Payroll taxes	тэ, этэ.	13,854.	5,659.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	6,311.		6,311.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,970.		2,970.	
g					
y	column (A) amount, list line 11g expenses on Sch 0.)	34,600.	34,600.		
12	Advertising and promotion	7,876.	7,876.		
13	Office expenses	12,997.		12,997.	
14	Information technology				
15	Royalties				
16	Occupancy	11,111.		11,111.	
17	Travel	34,352.	31,165.	3,187.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,658.		3,658.	
19	Conferences, conventions, and meetings	5,050.		5,050.	
20					
21	Payments to affiliates	11 005	10 014		
22	Depreciation, depletion, and amortization	11,205.	10,214.	991.	
23	Insurance	3,015.		3,015.	
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 0.)				
а	AACT FESTIVAL & FESTIVA	110,831.	110,831.		
a b	PRINTING AND COPYING	39,568.	37,750.	1,818.	
	WEBSITE	27,357.	27,357.	<u> </u>	
C d	POSTAGE	14,766.	7,778.	6,988.	
d					
	All other expenses	39,682.	17,517.	22,165.	^
25	Total functional expenses. Add lines 1 through 24e	686,105.	502,832.	183,273.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· · · · · · ·				Eorm <b>990</b> (201)

#### 632011 11-11-16

AMERICAN	ASSOCIATION	OF	COMMUNITY	
THEATRE				

art X		2016) THEATRE Balance Sheet				1,	0692296 Page 1
	•	Check if Schedule O contains a response or no	te to any	line in this Part X			
			<u> </u>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			74,675.		43,081
2	2	Savings and temporary cash investments			484,815.		579,868
3	3	Pledges and grants receivable, net			41,645.	3	30,075
4	1	Accounts receivable, net			37,965.	4	16,747
5	5	Loans and other receivables from current and for	ormer of	cers, directors,			
		trustees, key employees, and highest compens Part II of Schedule L				5	
6	3	Loans and other receivables from other disgual				Ŭ	
ľ	,	section 4958(f)(1)), persons described in section		·			
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)				6	
7	7	Notes and loans receivable, net				7	
8		Inventories for sale or use			2,735.		1,910
9		Prepaid expenses and deferred charges			7,366.	9	9,894
		Land, buildings, and equipment: cost or other	I I		.,	Ŭ	
	Ju	basis. Complete Part VI of Schedule D	10a	15,245.			
	h	Less: accumulated depreciation		11,621.	716.	10c	3,624
11		Investments - publicly traded securities				11	-,
12		Investments - other securities. See Part IV, line			361,522.		397,174
13		Investments - program-related. See Part IV, line			,	13	/
14		Intangible assets			36,600.	14	26,380
15		Other assets. See Part IV, line 11			400.	15	40
16		Total assets. Add lines 1 through 15 (must equ			1,048,439.		1,109,15
17		Accounts payable and accrued expenses			57,642.	17	83,273
18		Grants payable				18	
19		Deferred revenue			290,969.	19	285,269
20	D	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete				21	
22	2	Loans and other payables to current and forme					
		key employees, highest compensated employee					
22		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrel				23	
24	1	Unsecured notes and loans payable to unrelate	d third p	arties		24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			348,611.	26	368,542
		Organizations that follow SFAS 117 (ASC 958	3), checl	here ► X and			
		complete lines 27 through 29, and lines 33 ar	nd 34.				
27	7	Unrestricted net assets			281,129.	27	320,846
27 28 29	3	Temporarily restricted net assets			418,699.	28	419,771
29	9	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (A	SC 958	check here			
		and complete lines 30 through 34.					
30	)	Capital stock or trust principal, or current funds				30	
31	1	Paid-in or capital surplus, or land, building, or ed				31	
30 31 32	2	Retained earnings, endowment, accumulated in				32	
33	3	Total net assets or fund balances		L	699,828.	33	740,61
34	1	Total liabilities and net assets/fund balances			1,048,439.	34	1,109,159

AMERICAN	ASSOCIATION	OF	COMMUNITY
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Form	1 990 (2016) THEATRE	47-069	2296	Pag	ge <b>12</b>
Pa	rt 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			87.
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	699	9,8	28.
5	Net unrealized gains (losses) on investments	5	32	2,1	07.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	74(	),6	17.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury				omplete if the organ 494	rity Status an nization is a section 50 <sup>-</sup> 47(a)(1) nonexempt cha Attach to Form 990 or F	1(c)(3) org ritable tru	anization ıst.			OMB No. 1545-0047 <b>2016</b> Open to Public
Intern	al Reven	ue Service	Informati		(Form 990 or 990-EZ) and			ww.irs.gov/fo	rm990.	Inspection
Nan	ne of t	he organizati		ICAN ASSOC	IATION OF CO				Employer	identification number 7-0692296
Pa	rt I	Reason			All organizations must co	omplete th	is part ) Se	e instruction		
					For lines 1 through 12, c					
1			•		on of churches described	-	,			
	$\square$							I)(A)(I).		
2	$\square$				Attach Schedule E (Forn					
3		•	•		anization described in <b>se</b>			•		44 - 1
4			•	ation operated in co	njunction with a hospital	described	a in sectio	A)(1)(a)011 n	J(III). Enter	the hospital's name,
_		city, and state	-							and in
5					llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
				Complete Part II.)						
6				•	nental unit described in			.,		
7		•		•	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
_		•		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9		-		-	in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
	37	university:								
10	Χ				e than 33 1/3% of its sup					
					ct to certain exceptions,					
					(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
				mplete Part III.)	San bar da se de Cara a de Dara a	(-h. 0		00(-)(4)		
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to				-	
					ed in <b>section 509(a)(1)</b> o					neck the box in
_		1			of supporting organizatio					, anti-star an
а	L				supervised, or controlled	•				
			•	complete Part IV, Se	gularly appoint or elect a	a majority (	or the dire	clors or truste	es or the s	supporting
b		1 0		•	or controlled in connec	tion with it	e sunnort	od organizativ	on(e) by ba	vina
Ň	L			-	anization vested in the s			•		-
			-	t complete Part IV,					ige the sup	poned
с		-			g organization operated	in connec	tion with	and functiona	llv integrate	ed with
					b). You must complete I				ing integration	
d		1	-		porting organization oper				rted organi	zation(s)
					zation generally must sat					
					nplete Part IV, Sections					
е		-			written determination fro				II, Type III	
					nally integrated support					
f	Ente	r the number o	of supported of	organizations						
				about the supporte						
	(i	) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	ıl									

# Schedule A (Form 990 or 990 EZ) 2016 THEATRE

Part II

47-0692296 Page 2

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016	<b>(f)</b> Tota	al
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization'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 $\dots$								
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.								
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2	2016	<b>(f)</b> Tota	al
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									
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instruct	ions)			12			
	First five years. If the Form 990 is for		,			on 501(c)(	3)		
	organization, check this box and <b>stop</b>	here						►	•
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
-	Public support percentage for 2016 (I			column (f))		14			%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15			%
	33 1/3% support test - 2016. If the c						ck this bc	x and	
	stop here. The organization qualifies								
b	33 1/3% support test - 2015. If the c								
	and stop here. The organization qual								•
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"				-		-		•
b	10% -facts-and-circumstances test								
	more, and if the organization meets th	-	•						
	organization meets the "facts-and-circ								•
18	Private foundation. If the organizatio								•
_									

## Schedule A (Form 990 or 990 EZ) 2016 THEATRE

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

(Complete only if you checked the box on line 10 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) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 349,047. 395,347. 267,936 351,433. 279,154 1642917. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 77,106. 132,892. 225,002. 242,048. 324,100. 1001148. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 356,260. 400,828. 576,435. 591,095. 719,447. 2644065. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 46,931. 12,000. 29,039 5,892 amount on line 13 for the year 12,000. 29,039. 5,892 46.931 c Add lines 7a and 7b 2597134 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 719,447. 400,828. 576,435. 591,095. 2644065. 356,260. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,919. 6,283. 8,741. 7,582. 8,272 38,797. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6,283 7,919. 8,741. 7,582. 8,272. 38,797. c Add lines 10a and 10b 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.) 362,543. 408,747. 585,176. 598,677. 727,719. 2682862. 13 Total support. (Add lines 9, 10c, 11, and 12.) 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 Section C. Computation of Public Support Percentage 96.80 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 % 96.76 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.45 17 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) % 1.52 18 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2016 THEATRE

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
10b		

# AMERICAN ASSOCIATION OF COMMUNITY Schedule A (Form 990 or 990 EZ) 2016 THEATRE

47-0692296 Pa	age <b>5</b>
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Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
Sec	tion 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
<u>Soc</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
000			Yes	No
-	Ware a majority of the argenization's directors of tructors during the tay year also a majority of the directors		res	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vee	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	-
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 THEATRE

#### 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Sche	dule A (Form 990 or 990-EZ) 2016 THEATRE	CIAIION OF COM		7-0692296 Page 7
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	, cosdaso rager
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mot nurnoses		
2	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	2	
Ŭ	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c			
8	Breakdown of line 7:			
a				
-	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
			Schedule A	(Form 990 or 990-EZ) 2016

AMERICAN	ASSOCIATION	OF	COMMUNITY

Schedule A	(Form 990 or 990-EZ) 2016 THEATRE	47-0692296 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	9 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

AREALCAN	Δr.
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AMERICAN ASSOCIATION OF COMMUNITY

47-0692296

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

**X** 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 33 1/3% 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.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### Name of organization AMERICAN ASSOCIATION OF COMMUNITY THEATRE

47-0692296

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MUSIC THEATRE INTERNATIONAL 423 WEST 55TH STREET, SECOND FLOOR NEW YORK, NY 10019	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARTS PEOPLE		Person X
	2410 N LOMBARD	\$6,500.	Payroll Noncash (Complete Part II for
	PORTLAND, OR 97217		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	STEELE SPRING STATE RIGHTS 3845 CAZADOR STREET	\$5,000.	Person X Payroll Noncash
	LOS ANGELES, CA 90065		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	CHOICE ENTERTAINMENT TECHNOLOGIES		Person X
	1000 28TH STREET, SUITE 305	\$5,000.	Payroll Noncash
	BOULDER, CO 80303		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	TAMS-WITMARK MUSIC LIBRARY, INC	\$ 10,000.	Person X Payroll Noncash
	NEW YORK, NY 10022	¢ <u></u>	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	USITT		Person X Payroll
	290 ELWOOD DAVIS ROAD, SUITE 100	\$7,500.	Noncash
	LIVERPOOL. NY 13088		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### Name of organization AMERICAN ASSOCIATION OF COMMUNITY THEATRE

47 - 0692296

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	R&H RODGERS AND HAMMERSTEIN 229 WEST 28TH ST 11TH FLOOR NEW YORK, NY 10001	\$ <u>6,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DISNEY THEATRICAL GROUP 214 WEST 42ND STREET NEW YORK, NY 10036	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BENEFACTOR.ORG 421 92ND STREET BROOKLYN, NY 11209	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE MUSICAL COMPANY 214 SULLIVAN STREET, STE 4 NEW YORK, NY 10012	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

# AMERICAN ASSOCIATION OF COMMUNITY THEATRE

Employer identification number

47-0692296

#### Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I \$

	(Form 990, 990-EZ, or 990-PF) (2016)			Page <b>4</b>
Name of org				Employer identification number
	AN ASSOCIATION OF COMMU	NITY		
THEATR				47-0692296
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col	utions to organizations described umns (a) through (e) and the follow	in section 501(c)(7), (8), ( ving line entry, For organization	or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	ce.) ► \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I			(0, 200	shplich of new girl is here
	.			
	.			
-				
		(e) Transfer of gift		
		710 . 4	Deletionehin of th	
-	Transferee's name, address, and		Relationship of the	ansferor to transferee
(a) No. from		I		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
L				
		(e) Transfer of gift		
	_			
F	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
		[		

<b>(Forr</b>	m 990) Complete Part IV, line 6,	mental Financial Statements if the organization answered "Yes" on Form 990, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. dule D (Form 990) and its instructions is at www.irs.gov.	/form990	OMB No. 1545-0047
		CIATION OF COMMUNITY		r identification number
	THEATRE			7-0692296
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Funds or a	Accounts.	Complete if the
	organization answered "Yes" on Form 990,	Part IV, line 6.		
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	-	dvisors in writing that the assets held in donor advised fu		
6		anization's exclusive legal control? nd donor advisors in writing that grant funds can be used		Yes No
6		he donor or donor advisor, or for any other purpose confe		
		the donor of donor advisor, of for any other purpose conte	•	Yes No
Pa		te if the organization answered "Yes" on Form 990, Part I		
1	Purpose(s) of conservation easements held by the		,	
	Preservation of land for public use (e.g., recr	-	ly important l	and area
	Protection of natural habitat	Preservation of a certified I	nistoric struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in the form of a c	onservation	easement on the last
	day of the tax year.		Held	at the End of the Tax Year
а			2a	
b		ts		
С		historic structure included in (a)	2c	
d		) acquired after 8/17/06, and not on a historic structure		
~			2d	
3	year	sferred, released, extinguished, or terminated by the orga	anization duri	ng the tax
4	Number of states where property subject to conse	ervation easement is located		
5		ling the periodic monitoring, inspection, handling of		
•		asements it holds?		Yes No
6		nspecting, handling of violations, and enforcing conserva		
				0
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing conservation e	easements du	iring the year
	► \$			
8	•	e 2(d) above satisfy the requirements of section 170(h)(4)		
				Yes No
9		conservation easements in its revenue and expense state		
		e organization's financial statements that describes the o	rganization's	accounting for
Da	conservation easements.  rt III Organizations Maintaining College	ctions of Art, Historical Treasures, or Other	Similar A	scoto
Fa	Complete if the organization answered "Yes		Similar A	55615.
10		AS 116 (ASC 958), not to report in its revenue statement a	and balance	sheet works of art
id	<b>C</b>	r public exhibition, education, or research in furtherance c		
	the text of the footnote to its financial statements			oo, provide, in fait All,
b		AS 116 (ASC 958), to report in its revenue statement and	balance she	t works of art historical
2		chibition, education, or research in furtherance of public s		
	relating to these items:	, , ,		
	÷	1	▶\$	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovi	de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
	Devenue included on Form 000, Part VIII, line 1		¢

а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16 Schedule D (Form 990) 2016

► \$ ► \$

AMERICAN	ASSOCIATION	OF	COMMUNITY
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- ·		ASSOCIATI	ON OF COM	MONTIX		17 06	0000	<i>c</i> _	~
	dule D (Form 990) 2016 THEATRE					47-06			age <b>2</b>
Par	rt III Organizations Maintaining Col	lections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accession,	, and other records	s, check any of the	following that are a	l significant	use of its	collectio	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain	how they further th	he organization's e	xempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or re	•		•					
	to be sold to raise funds rather than to be maint						Yes		No
Par	rt IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Part X		io in the organizatio			s, r arcrv,			
12	Is the organization an agent, trustee, custodian	· · · · · · · · · · · · · · · · · · ·	any for contribution	s or other assets n	ot included				
Ia			•				Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and					······ L			
D	if Yes," explain the arrangement in Part XIII and	a complete the foll	owing table:				<b>A</b>		
							Amoun	t	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance						_		
2a	Did the organization include an amount on Form	n 990, Part X, line 2	21, for escrow or cu	ustodial account lia	bility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch								
Par	rt V Endowment Funds. Complete if th	e organization ans	wered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
	(;	a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	' years	back
1a	Beginning of year balance	418,699.	382,239.	347,112	. 3	302,532.		249,	897.
	Contributions	14,727.	30,200.	76,064		21,025.		41,	595.
	Net investment earnings, gains, and losses	38,624.	25,839.	,		50,094.		35,	791.
	Grants or scholarships	44,280.	16,000.	, 33, 341		24,000.		,	980.
	Other expenditures for facilities							/	
e		5,029.	1,007.			ľ			
	and programs	2,970.	2,572.	2,753		2,539.		1	771.
	Administrative expenses	,			_			,	
-	End of year balance	419,771.	418,699.	,	•	347,112.		302,	532.
2	Provide the estimated percentage of the curren	t year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment $\blacktriangleright$ 100.	<u> </u>							
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
3a	Are there endowment funds not in the possessi	ion of the organiza	tion that are held a	nd administered fo	r the organi	zation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the or								
	rt VI Land, Buildings, and Equipmer		whent funds.						
	Complete if the organization answered "		Part IV line 11a S	Soo Form 000 Part	X line 10				
	· · ·	1						المعادية	
	Description of property	(a) Cost or ot	• •		Accumulate		( <b>d)</b> Boo	k valu	Э
		basis (investm	ent) basis	(ouner) C	lepreciation				
	Land								
b	Buildings					-+			
С	Leasehold improvements								
d	Equipment		1	5,245.	11,6	21.		3,6	24.
<u>e</u>	Other								
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part )	( column (B) line 1	00)				3,6	24.

Schedule D (Form 990) 2016

AMERICAN ASS	SOCIATION	OF	COMMUNITY
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#### Schedule D (Form 990) 2016 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POWERSHARES S&P ETF		
(B) DOWNSIDE HEDGE	13,015.	END-OF-YEAR MARKET VALUE
(C) ISHARES MORNINGSTAR LARGE		
(D) CAP	50,884.	END-OF-YEAR MARKET VALUE
(E) ISHARES MSCI EAFE FD	15,722.	END-OF-YEAR MARKET VALUE
(F) ISHARES RUSSELL MIDCAP	41,378.	END-OF-YEAR MARKET VALUE
(G) SPDR S&P DIVIDEND	66,810.	END-OF-YEAR MARKET VALUE
(H) MONEY MARKET	55,628.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	397,174.	

# Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

AMERICAN	ASSOCIATION	OF	COMMUNITY

Sche	edule D (Form 990) 2016 THEATRE					Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	727,7	/19.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	32,107.			
b	Donated services and use of facilities	_ 2b				
с	Recoveries of prior year grants	_ 2c				
d	Other (Describe in Part XIII.)		825.			
е	Add lines 2a through 2d			2e	32,9	
3	Subtract line 2e from line 1			3	694,7	787.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	694,7	787.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	th Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	686,9	930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	_ <b>2</b> b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	_ 2d	825.			
е	Add lines 2a through 2d			2e		325.
3	Subtract line 2e from line 1			3	686,1	<u>.05.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	686,1	_05.
Pa	rt 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.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

USE O	F BOOK	<b>INVENTORY</b>
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

USE OF BOOK INVENTORY NETTED WITH REVENUE ON 990

825.

825.

THEATRE Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
OPPENHEIMER DEVELOPING MKTS FD CL A	7,070.	FMV
LAUDUS INTERNATIONAL MARKETMASTERS	9,318.	FMV
SCHWAB US BROAD MKT ETF	39,714.	FMV
POWERSHARES S&P ETF LOW VOLATILITY	17,298.	FMV
DEUTSCH X TRKS MSCI EAFE HDG	7,846.	FMV
POWERSHARES FTSE RAFI US 1000 POR	17,746.	FMV
SCHWAB EMERGING MARKETS EQUITY	10,133.	FMV
SPDR MSCI ACWI EX	16,704.	FMV
EAGLE MLP STRATEGY FD A	5,755.	FMV
ENERGY SELECT SECTOR SPDR ETF	6,297.	FMV
SCHWAB INTERMEDIATE TERM US TRS	5,449.	FMV
GUGGENHEIM S&P 500 EQUAL WEIGHT	3,225.	FMV
ALPS METIS GLBL MICRO CAP	7,182.	FMV

SCHEDULE I (Form 990)	990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047 <b>2016</b> Open to Public
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I	•		t www.irs.gov/form99	0.	Inspection
Name of the organizat	ion AMERICAN THEATRE	ASSOCIATI	ON OF COMMU	NITY /				Employer identification number $47 - 0692296$
Part I General I	nformation on Grants a	Ind Assistance						
1 Does the organi	zation maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to a	award the grants or assi	stance?						X Yes 🗌 No
2 Describe in Part	IV the organization's pro							
	d Other Assistance to hat received more than 3	-				anization answered "א	/es" on Form 990, Par	t IV, line 21, for any
	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	•	<b>&gt;</b>
3 Enter total numb	per of other organization	s listed in the line <sup>-</sup>	I table					
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2016

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule I (Form 990) (2016)

47-0692296

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. AMERICAN ASSOCIATION OF COMMUNITY Employer identification number 47-0692296

# FORM 990, PART VI, SECTION A, LINE 1:

THEATRE

THE BYLAWS ESTABLISH A NINE MEMBER EXECUTIVE COMMITTEE WHICH CONSISTS OF

THE FIVE OFFICERS, THE EDUCATION CHAIR AND THREE ADDITIONAL MEMBERS ELECTED

ANNUALLY BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS FULL POWER

AND AUTHORITY TO TRANSACT BUSINESS OF THE BOARD OF DIRECTORS BETWEEN

MEETINGS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

MURRAY CHASE IS AN OFFICER FOR THE ORGANIZATION THAT HE REPRESENTS AND KRIS

GEDDIE WORKS FOR THAT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF THE ORGANIZATION WERE AMENDED DURING THE YEAR.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBERSHIP CHARITABLE ENTITY CREATED TO ENABLE

ADVOCACY AND AWARENESS OF THE THEATRE FOR ITS MEMBER ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS ARE ELECTED THROUGH A MAIL IN BALLOT PROCESS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE AND EXECUTIVE DIRECTOR REVIEW THE 990 BEFORE IT IS

SIGNED AND FILED. THE BOARD IS PROVIDED A COPY BEFORE THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990 EZ) (2016) Page 2				
Name of the organization AMERICAN ASSOCIATION OF COMMUNITY THEATRE	Employer identification number $47-0692296$			
AACT REQUIRES THAT ALL BOARD MEMBERS ANNUALLY AFFIRM THEI	R INDEPENDENCE OR			
TO DISCLOSE ANY CONFLICTS THAT EXIST. IF A CONFLICT EXIST	S, THE MEMBERS ARE			
NOT ALLOWED TO PARTICIPATE IN ANY PROCEEDINGS IN WHICH A	CONFLICT EXISTS.			

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS EVALUATED USING A PROCESS THAT

DETERMINES COMPARABILITY OF COMPENSATION IN COMPARISON TO OTHER

ORGANIZATIONS IN SIZE AND LOCATION.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023, 990 AND 990-T ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

HOWEVER, MEMBERS CAN DOWNLOAD THE 990 AND 990-T FROM THE ORGANIZATION'S

WEBSITE. THE 1023 IS AVAILABLE TO THE PUBLIC ON THE WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST; HOWEVER, THEY ARE ALSO

AVAILABLE ON THE ORGANIZATION'S WEBSITE AT

HTTP://WWW.AACT.ORG/PUBLIC-AACT-DOCUMENTS.

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4a       4a       4a         b Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797)       4a       4a         c Capital oss (form 4797, Part II, line 17) (attach Form 4797)       4c       4c         5       Income (loss) (form 4797, Part II, line 17) (attach Form 4797)       4c       4c         5       Income (loss) (form partnerships and S corporations (attach statement)       5       5         6       Increased debt-finance dincome (Schedule E)       7       1         7       Increased debt-finance dincome (Schedule E)       7       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10       Advertising income (Schedule J)       11       86 , 74 3 .       90 , 078 .       -3 , 335 .         12       Other income (Schedule J)       11       8 6 , 74 3 .       90 , 078 .       -3 , 335 .         12       Totat. Combine lines 3 through 12       13       8 6 , 74 3 .       90 , 078 .       -3 , 335 .         12       Compensation of officers, directors, and trustees (Schedule K)       14       15       14         15       Salaries and wages       19       20       14       15         16       Partasial contributions (detectors, nort bet deffered compensation plan						_				
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10       Exploited exempt activity income (Schedule 1)       10       11       86,743.90,0783,335.         12       11       86,743.90,0783,335.       12       13       86,743.90,0783,335.         13       Total. Combine lines 3 through 12       13       86,743.90,0783,335.       14         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       14         15       Salaries and wages       15       16         16       17       18       17       18         19       Taxes and licenses       19       20       21       20         21       22       22       22       22       23         22       Less depreciation claimed on Schedule A and elsewhere on return       23       24       23         22       Less depreciation claimed on Schedule A and elsewhere on return       26       27       26         23       Employee benefit programs       26       27       28       28       29       0.335.35.35.35.35.35.35.35.35.35.35.35.35	-				- , , , , , , , , , , , , , , , , , , ,					
11       Advertising income (Schedule J)       11       86,743.90,0783,335.         12       12       13       86,743.90,0783,335.         13       Total. Combine lines 3 through 12.       13       86,743.90,0783,335.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         15       Salaries and wages       16       17         16       17       18       19       19         20       20       20       20       20         21       20       20       20       21       22         22       22       22       22       22         23       Depreciation claimed on Schedule A and elsewhere on return       22       23       24         24       Contributions to deferred compensation plans       24       26       27         24       26       28       29       0.       30       -3,335.35         25       26       28       29       0.       30       -3,335.35         24       28       <						-				
12       Other income (See instructions; attach schedule)       12       13       86,743.       90,078.       -3,335.         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         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       16         16       17       18         17       Bad debts       19         18       19       20         19       20       20         20       20       20         21       22       22         22       22       22         22       22       22         23       24       24         24       25       25         25       26       27         26       27       28         29       0.       30         24       26       29         25       28       29         26       27       28         24       28       29       0.         25       26       28       29							86 7/3	90 078	_3 335	
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14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         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       22b         23       Depletion       23         24       255       255         25       255       266         27       28       29       0.         29       Other deductions (attach schedule)       28       29       0.         29       Other deductions (attach schedule)       28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -3, 335.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       31         32       -3, 335.       33       1, 000										
15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         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       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess readership costs (Schedule I)       27         27       28       29       0.         29       0.       30       -3,335.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -3,335.         33       1,0000.       32       -3,335.       33       1,0000.		(Except for d	contrib	utions, deductions mus	t be directly connected	d with	the unrelated business	income.)		
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17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         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       22         22       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess readership costs (Schedule I)       27         27       Cother deductions (attach schedule)       27         28       0       -3,335.         30       -3,335.       30       -3,335.         31       Net operating loss deduction. Subtract line 31 from line 30       32       -3,335.         33       1,000.       33       1,000.       33       1,000.         34       Unrelated business taxable income before specific deduction. Subtract line 33 is greater than line 32, enter the smaller of zero or       33       1,000.	15								5	
18       Interest (attach schedule)       18         19       Taxes and licenses       19         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       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess readership costs (Schedule I)       26         27       Excess readership costs (Schedule I)       27         28       Other deductions (attach schedule)       29       0.         30       -3,335.       30       -3,335.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       31         32       -3,335.       33       1,000.       33       1,000.         33       1,000.       33       1,000.       33       1,000.										
19       Taxes and licenses       19         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       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       27         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       O.       30       -3, 335.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       31         32       -3, 335.       33       1, 000.       33       1, 000.         33       1, 000.       33       1, 000.       33       1, 000.										
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       22b         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)       28         29       O.       30       -3,335.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -3,335.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT 1       31         32       -3,335.       33       1,000.       33       1,000.       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       20       0.00.										
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						-			4 -3,335.	

AMERICAN ASSOCIATION OF COMMUNITY	AMERICAN	ASSOCIATION	OF	COMMUNITY
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Part III       Tax Computation         36       Organizations Taxble as deprestions. See instructions for the computation.         a time organization's share of the S0,000, S2,000, and S0,020, S00 backle isome brackle (in that order):       (i)         (i)       (ii)       (iii)         (i)       (iiii)       (iiiiii)         (i)       (iiiiiiii)       (iiiiii)         (i)       (iiiiiiiii)       (iiiiiiiii)         (i)       (iiiiiiiii)       (iiiiiiiiiiii)         (i)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Form 990-T	(2016) THEATRE		47-069	2296	r	Page <b>2</b>
Controlled group members (sections 1651 and 1563) check there ▶ See instructions and:         a Entry vorus and refs 50:00.00 52:000 and 32:000 transition methods (in this order):         (1) §       (2) §         (2) Additional 3: Sta (not more than \$11.750)       §         (2) Additional 3: Sta (not more than \$10.000.000)       §         (2) Additional 3: Sta (not more than \$10.000.000)       §         (3) For start as checked or 10: Schedule D (form 1041)       §         (3) Total Additions 3: Addition 4: See instructions       §         (4) Total Additions 3: Addition 4: See instructions       §         (4) Total Additions 3: Addition 4: See instructions       §         (4) Total Additions 3: Addition 4: See instructions       §         (4) Total Additions 3: Additions 4: Ad	Part I	I Tax Computation					
a Entry your share of the 500,000, 285,000, and 589,285,000 table income brackets (in that order): b Enter organization is share of: (1) Additional 3% tax (not more than \$11,750) b Enter organization is able of the 10 Additional 3% tax (not more than \$11,750) b Enter organization is able of the 10 Additional 3% tax (not more than \$11,750) b Enter organization is able of the 3% additional 3% tax (not more than \$11,750) b Enter organization is 3% additional 3% tax (not more than \$11,750) b Enter organization is 3% additional 3% tax (not more than \$11,750) b Enter organization is 3% additional 3% tax (not more than \$11,750) b Enter organization is 3% additional 3% tax (not more than \$11,750) b Enter organizations b En	35	Organizations Taxable as Corporations. See instructions for tax computation.					
(1)       S       (2)       S       (3)       S         b       Enter organizations's situe (1) Additional 3% bias (not more than \$110,200)       S       35       35       35       35       35       0       35       35       0       35       35       0       35       35       0       35       35       0       35       35       0       35       35       0       35       35       0       36       37       35       36       33       30       0       0       39       0       0       0       39       0       0       0       39       0       0       0       39       0 <td< td=""><td></td><td>Controlled group members (sections 1561 and 1563) check here 🕨 🗔 See instructions and</td><td>d:</td><td></td><td></td><td></td><td></td></td<>		Controlled group members (sections 1561 and 1563) check here 🕨 🗔 See instructions and	d:				
be letter organization's tark of the full found to's tax (not more than \$11,750)       S       35       0.         38       Trasts Tazable at Trues Rates. See instructions for tax computation, facone tark on the amount on line 34 mm.       36       37       37       38         39       Trasts Tazable at Trues Rates. See instructions       38       38       37       38       38       37       38       38       37       38       38       39       37       38       38       39       30       30       38       39       30       0.       38       39       30       0.       38       39       30       0.       0	а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):				
Additional 3% tax (not more han \$100,000		(1) \$ (2) \$ (3) \$					
c income tax on the amount on line 34 income tax on the amount on line 34 income tax on the amount on line 34 income tax rate schedule or Schedule O [corn 1041] income tax on the amount on line 34 from: income tax rate schedule or income tax rate schedule or income tax rate schedule or income tax schedule or income tax rate schedule or into number of the schedule or income tax rate schedule or in	b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
38       Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:       38         37       Trust are schedule or Grom 1041)       38         38       Alternative minimum tax       38         39       Taxon Mon-Compliant Failty theores. See instructions       39         40       Total. Add lines 37, 38 and 38 to line 35c or 36, whichever applies       40         9       Total. Add lines 37, 38 and 38 to line 35c or 36, whichever applies       40         41       Foreign tax credit (coreporations attach Form 1116)       41s         41       Foreign tax credit (coreporations)       41s         41       Chedit for 100 year minimum tax (attach Form 8801 or 8827)       41s         42       Outer attack add lines 41 hough 41d       41e         43       Other attack add lines 41 hough 41d       41e         44       Total attack add lines 42 and 43       44         45       Payments: Add lines 42 and 43       45e         44       Total attack add lines 43 through 41d       56e         45       Chedit form 700 segments       45e         46       Total apayments:       Form 4178         47       Total apayments:       Form 4178         48       Other cradds and payments:       Form 417		(2) Additional 3% tax (not more than \$100,000) [\$					
38       Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:       38         37       Trust are schedule or Grom 1041)       38         38       Alternative minimum tax       38         39       Taxon Mon-Compliant Failty theores. See instructions       39         40       Total. Add lines 37, 38 and 38 to line 35c or 36, whichever applies       40         9       Total. Add lines 37, 38 and 38 to line 35c or 36, whichever applies       40         41       Foreign tax credit (coreporations attach Form 1116)       41s         41       Foreign tax credit (coreporations)       41s         41       Chedit for 100 year minimum tax (attach Form 8801 or 8827)       41s         42       Outer attack add lines 41 hough 41d       41e         43       Other attack add lines 41 hough 41d       41e         44       Total attack add lines 42 and 43       44         45       Payments: Add lines 42 and 43       45e         44       Total attack add lines 43 through 41d       56e         45       Chedit form 700 segments       45e         46       Total apayments:       Form 4178         47       Total apayments:       Form 4178         48       Other cradds and payments:       Form 417	C	Income tax on the amount on line 34		▶	35c		0.
37 Proxy tax. See instructions 37   38 Alternative minimum fax 38   39 Tax on Non-Compliant Facility Income. See instructions 38   40 Total. Add lines 37, 38 and 39 to line 35c or 38, whichever applies 40   60 Part IV Tax and Payments   41a bother corelis (see instructions) 41a   6 Other corelis (see instructions) 41a   7 Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies 41a   6 Other corelis (see instructions) 41a   6 Other corelis (see instructions) 41a   7 Total add lines 41 through 41d 42   42 O. 43   43 Other taxes. Check if from, I form 4255 Form 8697   6 Ford add lines 42 and 43 44   6 Total ax, Add lines 42 and 43   6 Foreign organizations. Tax paid or withheld at source (see instructions)   44 45a   6 Foreign organizations. Tax paid or withheld at source (see instructions)   45 45a   9 Other corelis and payments.   19 Other corelis and payments.   10 Other add lines 45a through 450   14 Total payments.   15 At any time during the 2016 clock if form 2220 is attached by on add lines 44 and 47, enter amount overgial   16 Total payments. Regarding Certain Activities and Other Information (see instructions)   15 At any time during the 2016 clock if form 14, enter amount overgial							
33       Alternative minimum tax       38         34       Tax on Mon-Compliant Facility Income. See instructions       39         40       Tox and Payments       39         41       Foreign tax credit (corporations attach Form 300       410         6       General business credit. Attach Form 300       410         6       General business credit. Attach Form 300       410         6       General business credit. Attach Form 300       410         6       Gredit for prior year minimum tax (attach Form 8801 or 8827)       411         6       Gredit for prior year minimum tax (attach Form 3800       412         7       Cardit for prior year minimum tax (attach Form 8801 or 8827)       411         6       Gredit for prior year minimum tax (attach Form 3800       412         7       Cardit for prior year minimum tax (attach Form 8801 or 8827)       412         8       Cardit for prior year minimum tax (attach Form 8801 or 8827)       414       0.         43       Other credits Add lines 4.3       43       0.         44       O.       456       456       44       0.         5       Payments: A 2015 overpayment credited to source (see instructions).       456       456       456         6       Foredit for small engowents: <td></td> <td>Tax rate schedule or Schedule D (Form 1041)</td> <td></td> <td> ►</td> <td>36</td> <td></td> <td></td>		Tax rate schedule or Schedule D (Form 1041)		►	36		
39 Tax on Non-Compliant Facility Income. See instructions 39   40 Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies 40   60 Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies 41a   61 Forreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a   61 0 ther credits (see instructions) 41b   62 Credit for prior year minimum tax (attach Form 8801 or 8827) 41a   63 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 41a   64 10 42a 0.   74 Total tax. Add lines 42 and 43 44   74 Total tax. Add lines 42 and 43   74 Total tax. Add lines 42 and 43   75 Subtract line 41 from 1860   76 45a   76 76 for eign organizations: Tax paid or withheld at source (see Instructions)   76 45a   76 76 form 4138   76 70 for tax pensity (see instructions)   76 45a   76 77   77 77   78 78 and pensity: A 2015 (see instructions)   79 66 is less than the total of lines 44 and 47, enter amount overaid   70 77   70 77   71 74   74 74   75 74   76 74   76 74   76 74   77 74   76 74   76 74   76	37	Proxy tax. See instructions		►	37		
40       0.         Part IV       Tax and Payments       40       0.         41a       Foreign tax credit (corporations attach Form 1116): trusts attach Form 1116): 41a       41a       41a         b Other credits (see instructions)       41b       41a       41a         c General Dusiness credit. Attach Form 3800       41a       41a       41a         c General Dusiness credit. Attach Form 3800       41a       41a       41a       41a         42       0.       41a       41a       41a       41a       41a         c General Dusiness credit. Attach Form 3800       41a       41a <td></td> <td></td> <td></td> <td></td> <td>38</td> <td></td> <td></td>					38		
Part IV       Tax and Payments         41a       foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       41a         41a       foreign tax credit (corporations attach Form 3800       41a         6       General business credit. Attach Form 3800       41a         41a       41a       41a         42       0.         43       0thet taxes, Check II from: 40       42a         44       0.       45a         b 2016 estimated tax payments       45b         c Tax deposited with Form 8868       45c         d Foreign organizations: Tax paid or withheld at source (see instructions)       45a         g Other credits and payments:       10 Ther	39	Tax on Non-Compliant Facility Income. See instructions			39		-
41a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       41a       41b         b       Other credits (sei instructions)       41a       41b         c       General business credit. Attach Form 3800       41c         d       Credit for prior year minimum tax (attach Form 8801 or 8827)       41d         e       Total credits. Add lines 41 attrong 141d       41e         d       Subtract line 41e from line 40       41e         d       Total treats. Check if from:       Form 4256         d       Total treats and heavy envince (see instructions)       45e         d       Total provemants.       Form 2439         g       Other credits and payments:       Form 2439         g       Other instance premiums (Attach Form 8941)       45f         g       Other or 4138       Other         d       Total provent 438       Other         d       Total proven4138       Othe					40		0.
b Other credits (see instructions)  General business credit. Attach Form 3800 Gredit for priory earnitinum tax (attach Form 3800 or 8827)  Total credits. Add lines 41a through 410  Gredit for priory earnitinum tax (attach Form 8801 or 8827)  Total credits. Add lines 42 in through 411  Total tax. Add lines 42 in through 413  Total tax. Add lines 42 and 43  Total tax. Add lines 42 and 43  Total tax. Add lines 42 and 43  Gredit form are specified to 2016  Developments  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit for small employer health insurance premiums (Attach Form 8811)  Gredit form 4136  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check if Form 2220 is attached b  Gredit day points (See instructions). Check							
General business credit. Attach Form 3800     d Credit for prior year minimum tax (attach Form 8801 or 8827)     d Total aredits. Add lines 4 at through 41      d Total aredits. Add lines 42 and 43     d Total aredits. Add lines 43 and 47, enter amount overpaid     d Foreign organizations. Tax paid or withheld at and 47, enter amount overpaid     d Foreign analty (see instructions). Check if Form 2220 is attached      d Total aredits. Add lines 43 and 47, enter amount overpaid     d Total aredits. Barger than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 46 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 46 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 45 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 45 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 45 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 45 is less than the total of lines 44 and 47, enter amount overpaid     d Querpayment. Hill ne 45 is less return that are allocation have an interest in or a signature or other authority     vers a funceal account (bank, securities, or other) in a foreign country HYES, the organization may have to file.     Signature of thereign Bark and Financial Accoun	41a						
d Credit for prior year minimum tax (attach Form 8801 or 8827)       41d       41e         e Total credits. Add lines 41 at hrough 41d       41e       42       0.         43       Other taxes. Check if from:       Form 4255       Form 8611       Form 8666       Other (attach schedule)       43         44       Total taxes. Check if from:       Form 4255       Form 8611       Form 8666       Other (attach schedule)       44       0.         45a       Payments:       Add lines 42 and 43       44       0.       45e       44       0.         45a       Payments:       Add lines 42 and 43       45e       45e       45e       44       0.         45a       Payments:       Add lines 42 and 43       45e       47e							
e Total credits. Add lines 41a through 41d  42  44  42  44  44  44  44  44  44  4							
42       Subtract line 41e from line 40       42       0.         43       Other taxes. Check if from:       Form 4255       Form 8611       Form 8667       Form 8666       Other (attach schedule)         44       Total tax. Add lines 42 and 43       44       0.         45       Payments: A 2015 overpayment credited to 2016       45       44       0.         51       Payments: A 2015 overpayment credited to 2016       456       456       456         6       Total tax. Add lines 42 and 43       456       456       456         6       Foreign organizations: Tax paid or withheld at source (see instructions)       456       456         9       Credit for small employer health insurace premiums (Attach Form 8941)       457       457         9       Other credits and payments:       Form 2439       46         14       Total payments. Add lines 45a through 45g       47       48         46       Total payments. Add lines 45a through 45g       46       47       48         47       48       Total payments. Add lines 45a dthrough 45g       44       0.         48       0.       Credited to 2017 estimated tax pe and 49       48       0.         49       Other       Total payments. Add lines 45a dth?, enter amount overpa							
43       Other taxes. Check if from: □       Form 825 □       Form 8697 □       Form 8866 □       Other (attach add lines 42 and 43         44       Total tax. Add lines 42 and 43       44       0.         45       Payments: A 2015 overpayment credited to 2016       456       456         b 2016 estimated tax payments:       456       456       456         c Tax deposited with Form 8868       456       456       456         d Foreign organizations: Tax paid or withheld at source (see instructions)       456       456         e Backup withholding (see instructions)       456       456         f Credit for small employer health insurance premiums (Attach Form 8941)       451       459         g Other credits and payments:       □       Form 2220 is attached ▶       477         48       Total ▶       459       46       47         47       Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       48       0.         49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       48       0.         9       Verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       149       0.         9       Verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid							
44       Total tax. Add lines 42 and 43       44       0.         45       a Payments: A2015 overpayment credited to 2016       45a       45b         b 2016 estimated tax payments       45b       45b       45b         c Tax deposited with Form 8868       45c       45d       45d         d Foreign organizations: Tax paid or withheld at source (see instructions)       45d       45d       45d         g Other credits and payments.       Form 2439       45g       45g       45g         G Total payments. Add lines 45a through 45g       46g       47       46g       47       46g         46       Tax due, If line 46 is less than the total of lines 44 and 47, enter amount overpaid       48g       0.       49g       0.         9       Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid       49g       0.       50         Flart vue. If line 46 is less than the total of lines 44 and 47, enter amount overpaid       49g       0.       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51       At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial accounts. If YES, enter the name of the foreign country here ▶       52       Signature of officer       X       X       X </td <td>42</td> <td>Subtract line 41e from line 40</td> <td>·····</td> <td></td> <td>42</td> <td></td> <td>0.</td>	42	Subtract line 41e from line 40	·····		42		0.
45 a Payments: A 2015 overpayment credited to 2016       45a         b 2016 estimated tax payments:       45b         c Tax deposited with Form 8868       45c         d Foreign organizations: Tax paid or withheld at source (see instructions)       45c         g Other credits and payments:       Form 2439	43		66 📖	Other (attach schedule)			
b 2016 estimated tax payments					44		0.
c Tax deposited with Form 8868       45c         d Foreign organizations: Tax paid or withheld at source (see instructions)       45c         e Backup withholding (see instructions)       45c         f Credit for small employer health insurance premiums (Attach Form 8941)       45r         g Other credits and payments:       Form 2439         i Form 4136       0ther         d Total payments. Add lines 45a through 45g       45g         46       47d         47       5timated tax penalty (see instructions). Check if Form 2220 is attached >         48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owerpaid       48         49       0.         90       Orepayment. If line 46 is larger than the total of times 44 and 47, enter amount overpaid       49         91       Statements Regarding Certain Activities and Other Information (see instructions)       50         51       At any time during the 2016 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? I YES, the organization may have to file       X         FincEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign rule.       X         52       During the tax year, did the organization may have to file       X         FinCEN Form 114, Report of Foreign B							
d Foreign organizations: Tax paid or withheld at source (see instructions)       45d         e Backup withholding (see instructions)       45d         f Credit for small employer health insurace premiums (Attach Form 8941)       45f         g Other credits and payments:       Form 2439         Form 4136       Other         7 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶       46         7 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶       47         48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid       48       0.         49 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid       48       0.         9 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶       Refunded ▶       50         9 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶       Refunded ▶       50         51 At any time during the 2016 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       X         52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         11 YES, see instructions for other fornegin the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tru							
e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 G Other Form 4136 Form 414							
f Credit for small employer health insurance premiums (Attach Form 8941)       45f         g Other credits and payments:       Form 2439         G Form 4136       Other         Form 414       Form 414         Form 414       Other         Form 414       Other         Form 414       Other         Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country         Fire k       K         Sign       Mathe Ha							
g Other credits and payments:       Form 2439       Total       45g         G Total payments:       Other       Total       45g       46         46       Total payments:       Other       Total       46         47       Estimated tax penalty (see instructions). Check if Form 2220 is attached       47       48       48       0.         48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed       48       0.       49       0.         49       Overpayment. If line 49 you want: Credited to 2017 estimated tax       Refunded       50       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51       At any time during the 2016 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       Yes       No         52       During the tax year, did the organization may have to file.       X       X       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year > \$       Sign       Inder penalties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.         53       Enter the amount of tax-exempt interest received or accrued during the tax							
□       Form 4136       □       ① ther       Total ▶ 45g         46       Total payments. Add lines 45a through 45g       46         47       Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶       47         48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed       48       0.         49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       49       0.         50       Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶       Refunded ▶ 50       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51       At any time during the 2016 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 ▶       X         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$       May the IRS discuss this return with the preparer shown below (see instructions)?       Y es No         54       Under panieties of ope/yri, Idecher that have exempt interest vertine taxpayer) is			45f				
46       Total payments. Add lines 45a through 45g       46         47       Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶       47         48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount ower       48       0.         49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       48       0.         49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       48       0.         6       Enter the amount of line 49 you want: Credited to 2017 estimated tax       Refunded       50         7       Statements Regarding Certain Activities and Other Information (see instructions)       51         51       A tany time during the 2016 calendar year, did the organization have an interest in or a signature or other authority       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If YES, enter the name of the foreign country       X       X         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$       Signature of officer       Date       EXECUTIVE DIRECTOR       May the PS discuss this return with preparer shown below (see       instructionsi? X Yes No <td>g</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	g						
47       Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶       47         48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owerd       48       0.         49       0.       49       0.         50       Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶       Refunded ▶       50         9       Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51         51       At any time during the 2016 caledrar 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       Yes No         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the aname of the foreign country       X       X         52       During the tax year, did the organization may have to file.       X       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$       X         Sign       Under prealities of periury. 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 (soft than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below (see instructions)?         Y fere       <							
48       Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed       ▶       48       0.         49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       ▶       49       0.         50       Enter the amount of line 49 you want: Credited to 2017 estimated tax       ▶       Refunded       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51       At any time during the 2016 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       Yes       No         51       At any time during the 2016 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       Yes       No         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year > \$       \$       S         Sign         Here       Vides penalties of perjury. I declare that 1 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 prepare (other than taxpaye	46	Total payments. Add lines 45a through 45g					
49       Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid       ►       49       0.         50       Enter the amount of line 49 you want: Credited to 2017 estimated tax       ►       Refunded       ►       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)         51       At any time during the 2016 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       Yes       No         Sign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X       X         Sign the tax year, did the organization may have to file.         Sign there he mount of tax-exempt interest received or accrued during the tax year ▶ \$         Under penaties 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.       May the IRS discuss this return with the preparer's signature         Print/Type preparer's name       Preparer's signature       Date       Check L if employed       P1/N							
50       Enter the amount of line 49 you want; Credited to 2017 estimated tax       ▶       Refunded ▶       50         Part V       Statements Regarding Certain Activities and Other Information (see instructions)       51       At any time during the 2016 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 ▶       X         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$       X         Sign       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.       May the IRS discuss this return with the preparer shown below (see instructions)? X yes No         Paid       Print/Type preparer's name       Preparer's signature CHARLES O. PAUL, CPA       Date       Check X if PTIN         Paid       Firm's name ▶ CHARLES O. PAUL, CPA       Firm's EIN ▶ 75-2849913       P00491201         Firm's name ▶ CHARLES O. PAUL, CPA       Firm's EIN ▶ 75-2849913							
Part V       Statements Regarding Certain Activities and Other Information (see instructions)         51       At any time during the 2016 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 ▶					<b></b>		0.
51       At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority       Yes       No         51       At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority       Yes       No         51       At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority       Yes       No         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$       Sign         May the RS discuss 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.         May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No         Signature of officer         Date         CHARLES O. PAUL, CPA         Paid (CHARLES O. PAUL, CPA         Primt'Type preparer's name         CHARLES O. PAUL, CPA			00 /00		50		
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file       Image: Construction of the foreign country         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       Image: Construction of the foreign country         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$       Image: Construction of preparer (other than taxpayer) is based on all information of which preparer has any 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.       May the IRS discuss this return with the preparer shown below (see instructions)? Image: No         Sign Here       Print/Type preparer's name       Preparer's signature       Date       Check Image: No         Paid       Preparer       ChaRLES O. PAUL, CPA       Date       Check Image: No       PO0491201         Firm's name ▶ CHARLES O. PAUL, CPA       Firm's EIN ▶ 75-2849913       7408 CONTINENTAL TRAIL       Firm's EIN ▶ 75-2849913						Vee	Na
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country       X         here ▶	51	, , , , , , , , , , , , , , , , , , ,		5		Yes	NO
here       X         52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         16       YES, see instructions for other forms the organization may have to file.       X         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$       X         Sign       Under penalties of period       State that 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.       May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No         Sign Here       Print/Type preparer's name       Preparer's signature       Date       Check X if PTIN         Paid       Preparer       Date       Check X if PTIN       PO0491201         Firm's name ▶ CHARLES O. PAUL, CPA       Firm's EIN ▶ 75-2849913       7408 CONTINENTAL TRAIL			5				
52       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If YES, see instructions for other forms the organization may have to file.       53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$       \$         Sign       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.       May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No         Print/Type preparer's name       Preparer's signature       Date       Check X if       PTIN         CHARLES O. PAUL,       CPA       CPA       01/09/18       P00491201         Firm's name ▶ CHARLES O. PAUL, CPA       Firm's EIN ▶ 75-2849913			loreigin	Country			x
If YES, see instructions for other forms the organization may have to file.         53       Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$         Sign       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       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       Signature of officer       Date       May the IRS discuss this return with the preparer shown below (see instructions)? X Yes       No         Paid       Print/Type preparer's name       Preparer's signature       Date       Check X if entry of the proparer (Date PARLES O. PAUL, CPA (DATARLES O. PAUL, CPA (PAURALES (DATARLES	52	·	aneforo	r to a foreign truct?		+	
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$         Sign         Vortext, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Sign         May the IRS discuss this return with the preparer has any knowledge.         Signature of officer         Date       EXECUTIVE DIRECTOR         Title       Instructions)? X Yes         No         Paid       Print/Type preparer's name         CHARLES O. PAUL,       CHARLES O. PAUL,         CPA       Date         Charles O. PAUL,       CPA         Date       Date         Firm's name ▶ CHARLES O. PAUL,       CPA         Firm's name ▶ CHARLES O. PAUL,       CPA         Firm's EIN       75-2849913			ansieru				
Sign Here       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.       May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date       CharLES O. PAUL, CPA       Date       Check X if PTIN self- employed         Firm's name ► CHARLES O. PAUL, CPA       Firm's EIN ► 75-2849913							
Sign Here       correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No         Paid Preparer Use Only       Print/Type preparer's name CHARLES O. PAUL, CPA       Preparer's signature CPA       Date       Check X if self- employed       PTIN 900491201         Firm's name ► CHARLES O. PAUL, 7408 CONTINENTAL TRAIL       Firm's EIN ► 75-2849913		Under penalties of periury, I declare that I have examined this return, including accompanying schedules and s	statement	ts, and to the best of my kno	wledge and belie	f, it is true,	
Here       EXECUTIVE DIRECTOR       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?       May the HS discuss this return with the preparer shown below (see instructions)?         Paid       Print/Type preparer's name       Preparer (CHARLES O. PAUL, CPA       Date       Check X if self- employed       P00491201         Firm's name       CHARLES O. PAUL, CPA       Firm's EIN Image: Self- employed<	Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	rer has ar				
Signature of officer     Date     Title     instructions)?     X Yes     No       Paid Preparer Use Only     Print/Type preparer's name CHARLES O. PAUL, CPA     Preparer's signature CHARLES O. PAUL, CPA     Date     Check X if self- employed     PTIN       Image: Charles O. PAUL, CPA     CPA     01/09/18     P00491201       Firm's name ► CHARLES O. PAUL, 7408 CONTINENTAL TRAIL     Firm's EIN ►     75-2849913		N EXECUTI	VE		,		vith
Paid Preparer Use Only       Print/Type preparer's name CHARLES O. PAUL, CPA       Preparer's signature CHARLES O. PAUL, CPA       Date       Check X if self- employed       PTIN         Firm's name ► CHARLES O. PAUL, Firm's name ► CHARLES O. PAUL, CPA       Date       Check X if self- employed       PTIN         Firm's sume ► CHARLES O. PAUL, 7408 CONTINENTAL TRAIL       Date       Check X if self- employed       PTIN						_ `	No
Paid Preparer Use Only       CHARLES O. PAUL, CPA       CHARLES O. PAUL, CPA       self- employed         Firm's name ► CHARLES O. PAUL, CPA       01/09/18       P00491201         Firm's name ► CHARLES O. PAUL, CPA       Firm's EIN ► 75-2849913		Print/Type preparer's name Preparer's signature Dat	te				
Preparer     CPA     CPA     01/09/18     P00491201       Use Only     Firm's name ► CHARLES O. PAUL, CPA     Firm's EIN ►     75-2849913	Deid						
Firm's name       CHARLES O. PAUL, CPA       Firm's EIN       75-2849913         7408       CONTINENTAL TRAIL       Firm's EIN       75-2849913			./09		P004	91201	
7408 CONTINENTAL TRAIL				·			3
	0360						
			2	Phone no. 8	817-498	-0884	

Form 9	990-Т	(2016)
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#### Ϋ́ Form 990-T (2016)

Schedule A - Cost of Good	s Sold Enter	method of inve	ntory valuation <b>N / A</b>					
1 Inventory at beginning of year			6 Inventory at end of yea			6		
2 Purchases			7 Cost of goods sold. Si			-		
3 Cost of labor			from line 5. Enter here					
<b>4a</b> Additional section 263A costs			line 2		,	7		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
<b>b</b> Other costs (attach schedule)			property produced or a	•	•			
5 Total. Add lines 1 through 4b				-				
Schedule C - Rent Income (see instructions)		Property an	d Personal Property	Leas	ed With Real Pro	pert	y)	-
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ved or accrued			3(a)Deductions directl	v conne	cted with the income	in
<ul> <li>(a) From personal property (if the per rent for personal property is more 10% but not more than 50%</li> </ul>	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age			(attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns				0	(b) Total deductions. Enter here and on page 1,			0
here and on page 1, Part I, line 6, column Schedule E - Unrelated Det			e instructions)	0.	Part I, line 6, column (B)			0.
					3. Deductions directly co	nnected	with or allocable	
			2. Gross income from		to debt-finan		perty	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
			· · · · · · · · · · · · · · · · · · ·	E	nter here and on page 1,		Enter here and on pag	ge 1.
					Part I, line 7, column (A).		Part I, line 7, column	
Totals			►		0	•		0.
Total dividends-received deductions in						•		0.

Form 990-T (2016)

47-0692296

	AMERICAN	ASSOCIATION	OF	COMMUNIT
16)	THEATRE			

Form 990-T (2016) <b>THEATR</b>			-						47-06		
Schedule F - Interest,	Annuitie	es, Royalt						zatio	<b>ns</b> (see ins	structior	ns)
					Controlled O	rganizati	ons				
1. Name of controlled organization		2. Emplo identifica	oyer tion	3. Net uni (loss) (see	related income e instructions)		al of specified nents made	5. Par includ	t of column 4 ed in the cont	that is rolling	<ol> <li>Deductions directly connected with income</li> </ol>
		numbe			,			organiz	ation's gross	income	in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi			<u> </u>			. 1	10				· · · · · · ·
7. Taxable Income		nrelated income see instructions)	(loss)	9. Total	of specified pays made	nents	<ol> <li>Part of column in the controll</li> </ol>	ing orgar	nization's		eductions directly connected
							gross	s income			
(4)											
(1)											
(2)											
(3)											
(4)							A del e e luce		-1.40		del a churren O an el 11
							Add colur Enter here and				dd columns 6 and 11. here and on page 1, Part I,
								column (		line 8, column (B).	
Totals									0.	0	
Totals Schedule G - Investme						(17) Or	aanizatior	<u> </u>			
(see instr			COLION		(7), (3), 01	(17) 01	gamzatioi	•			
(000							3. Deductio	ns	1		5. Total deductions
1. Desc	ription of inco	ome			2. Amount of	income	directly connected (attach schedule) 4. Set-asid (attach schedule)				and set-asides (col. 3 plus col. 4)
(1)							(	,			
(2)											
(3)											
(4)											
					Enter here and				I		Enter here and on page 1,
					Part I, line 9, co	lumn (A).					Part I, line 9, column (B).
Totals				▶		0.					0.
Schedule I - Exploited					r Than Ac	lvertisi	ng Income	e			
(see instru	-			,			5				
			<b>3.</b> Expe	2695	4. Net incom	ne (loss)	_				7. Excess exempt
1. Description of		aross business	directly cor	nnected	from unrelated business (co		<ol> <li>Gross inco from activity</li> </ol>			penses	expenses (column
exploited activity	incom trade or	he from of unrelated		ated	minus column 3). If a gain, compute cols. 5				ed altributa		6 minus column 5, but not more than
			business i	ncome	through						column 4).
(1)											
(2) (3)											
(3)											
(4)											
	page 1	re and on , Part I,	Enter here page 1, F	Part I,							Enter here and on page 1,
		col. (A).	line 10, co	ol. (B).							Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertisi	-										
Part I Income From	Periodic	als Repo	rted on	a Con	solidated	Basis					
			_		<u> </u>				i		
		2. Gross	3	Direct	4. Advert	ising gain ol. 2 minus	5. Circulat	tion	6. Read	ership	7. Excess readership costs (column 6 minus
1. Name of periodical		advertising income		ising costs		ain, comput			cost		column 5, but not more
						nougii /.					than column 4).
(1) SPOTLIGHT		86,743	<u> </u>	),078	· •						
(2) (3) (4)			_								
(3)					_						
(4)											

Totals (carry to Part II, line (5)) .

86,743.

►

90,078.

-3,335.

Form 990-T (2016) **THEAT**RE

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

# 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.)

columns 2 through 7 on a	a line-by-line basis.	)							
1. Name of periodical	2. Gross advertising income	<b>3.</b> Dire advertising		<b>4.</b> 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 readers costs (column 6 mi column 5, but not r than column 4).	iinus more
(1)									
(2)									
(3)									
(4)									
Totals from Part I	86,743.	90,0	)78.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here a page 1, P line 11, co	art I,					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	86,743.	90,0	)78.						0.
Schedule K - Compensatio	n of Officers,	Director	s, and	Trustees (see in	structions)				
1. Name				2. Title	time d	ercent of evoted to siness		pensation attributable arelated business	
(1)						%			
(2)						%			
(3)						%			
(4)						%			
					•				_

0. 

Form 990-T (2016)

47 - 0692296

# 47-0692296

FORM 990-T	NET	NET OPERATING LOSS DEDUCTION							
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR					
08/31/01	10,273.	5,457.	4,816.	4,816.					
08/31/02	2,180.	0.	2,180.	2,180.					
08/31/03	8,477.	0.	8,477.	8,477.					
08/31/04	4,821.	0.	4,821.	4,821.					
08/31/05	13,022.	0.	13,022.	13,022.					
08/31/08	15,264.	0.	15,264.	15,264.					
08/31/09	10,409.	0.	10,409.	10,409.					
08/31/10	8,487.	0.	8,487.	8,487.					
08/31/11	6,359.	0.	6,359.	6,359.					
08/31/12	2,872.	0.	2,872.	2,872.					
08/31/16	4,857.	0.	4,857.	4,857.					
NOL CARRYO	VER AVAILABLE THIS	YEAR	81,564.	81,564.					