Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2014 Open to Public Inspection

<u>A</u> _	For the	he 2014 c	alendar year, o		ginning	09/01	/14 , and	ending 08/3	2T/T	5				
В	Check if	applicable:	C Name of organiza	ation							D Employe	er identifica	tion number	
Ш	Address	change		NO	RTH CO	AST RE	PERTORY	THEATRE						
П	Name d	hame	Doing business a									8193	37	
二		_		et (or P,O, box if m			address)			Room/suite	E Telephor			
-	Initial ret			OMAS SAN							858-	481-2	7122	
	Final ret terminate		, i	e or province, cour	iry, and ZIP or									
П	Amende	ed return	SOLANA			CA	92075				G Gross re	ceipts\$	2,439,366	
\equiv			F Name and address	ž. ž.						H/a) is this a own	un netum for	eu ihordinatee'	Yes X No	
Ш	Application	on pending		M KERLI						na susage	a group return for subordinates? Yes X No			
				LOMAS S	ANTA					H(b) Are all sub			∐ Yes ∐ No	
			SOLANA	BEACH			CA 9207	<u></u>		If "No,"	attach a list,	(see instruc	tions)	
J	Tax-exe	empt status:	X 501(c)(3)	501(c)	() ((insert no.) 4947(a	a)(1) or 527						
J	Website	e: 🔷 W	WW.NORTH	COASTRE	P.ORG		_			H(c) Group exer	nption numbe	er 🔷		
ĸ	Form of	f organization:	X Corporation	Trust	Association	Other	•		L Ye	ar of formation: 1	982	M State	of legal domicile: CA	
P	art I	Su	ımmary											
	T		scribe the organ	ization's missi	on or most	significan	t activities:							
		•	_			•	• • •	HEATRE FOR						
ညိ											**	*****		
Governance		PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE ARTS.												
Ķ		2 Check this box ◆ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ဖွ	1							osed of more than	25% o	f its net assets	1	٦		
త			of voting member						<i>.</i>		. 3	16		
es	4	Number of	of independent vo	oting members	of the gove	eming boo	dy (Part VI, line	e 1b)			. 4	16		
Activities	5	Total num	ber of individuals	s employed in	calendar ye	ear 2014 ((Part V, line 2a	ı)			. 5	99		
Ç			ber of volunteer								1 ^	0		
•	7a	Total unre	unrelated business revenue from Part VIII, column (C), line 12										0	
	Ь	Net unrela	ated business tax	xable≋income	rom Forms	. ,. 990⊦T∞line	a 34				7b		0	
		7101 47701	1,04 240,,,000 14,	7					WI	Prior Yea			Current Year	
	8	Contribution	ons and grants (Part VIII, line	1h)			17 (МП	760	,639		842,972	
Ę	1		service revenue	AND 400 EX	629 FGS					1,241		1	L,535,139	
Revenue											41	-	107	
æ	44	Other rev	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										36,150	
			revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)									_		
										2,002	.,419		2,414,368	
							–3)							
			paid to or for members (Part IX, column (A), line 4)										0	
S	15	Salaries,	other compensati	ion, employee	benefits (P	art IX, co	lumn (A), lines	5–10)	_	1,042	,569]	1,113,021	
Expenses	16a	Profession	nal fundraising fe	es (Part IX, c	olumn (A), I	ine 11e) _.							0	
e e	b	Total fund	raising expenses	s (Part IX, colu	ımn (D), line	e 25) 🔷		211,995						
ш	17	Other exp	enses (Part IX, o	column (A), lin	es 11a-11d					954	1,507	1	1,042,983	
	18	Total expe	enses. Add lines	13-17 (must	egual Part I	X. column	(A), line 25)			1,997	,076	2	2,156,004	
	ı		less expenses. S						··		,343		258,364	
ъ 8		rtorongo	1000 0xp0110001 C	Jabriace in to 10	<i>y</i> 110111 11110	<u></u>			•	Beginning of Curr		F	End of Year	
8.8	20	Total asse	ets (Part X, line 1	16)						423	3,028		700,110	
& B	21		lities (Part X, line	. 26)							, 688		697,406	
Net Assets or Fund Balances	22		s or fund balance								,660		2,704	
90000000000	art II	196113	nature Bloc		IC ZI HOIH I	ING 20	**.*******				,,000		2,704	
								g schedules and statenation of which prepare				wledge an	d belief, it is	
	ie, com	T L	inplete, Declaratio	ii oi piepaiei (c	Altici trian on	ilcer) is bas	sed on an inion	ation of which prepa	ilei ilas	any knowledge.				
Sig	n	Si	gnature of officer								Date			
Her	е	 	WILLIAM	KERLIN				MAN	AGII	NG DIRE	CTOR			
		Ty	pe or print name and	title										
		Print/Type	preparer's name			Preparer*	s signature			Date	Check	if P	TIN	
Paid	i	Alicia	M. Owens			Alicia	a M. Owens			02/24/	16 self-em	ployed I	201212923	
Pres	oarer		·/ 3	M. Owe	ns & (CPA, AP	C			m's EIN "		-4128534	
	Only	Firm's nan	·				e # 188			Fir	ms em	40		
		 	0-			2071-						610	698-2401	
		Firm's add								Ph	one no.			
ıvıay	ine ih	KS DISCUSS	this return with	me preparer s	nown abov	e? (see ir	istructions)					I	X Yes No	

(Expenses \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ◆

including grants of \$ 1,805,135

Section 1	n 990 (2014) NORTH COAST REPERTORY THEATRE 95-3819307		F	Page :
EF	art IV Checklist of Required Schedules		Yes	T No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	No
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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,	_		x
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		┼ˆ
Ü	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	```		
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			٠,,
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1500000
u	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		X
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	1 1		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_^
120	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		х
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,			ĺ
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
''	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
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?			
			000	10044

8900 Lag	artive Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other equiptones to any democitie experimentary or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u>^</u>
	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Vas " complete Schedule 1	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		122
	\$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 Cabadula IV If "No." go to line 25-	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	275	†	
_	to defease any tay exempt hende?	24c		
d	Did the organization act as an "on hehalf of issuer for hands outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a diagnalified namen during the year? If "Vea" complete Cakedula I. Day!	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Vas " complete Schodule I 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		<u> </u>	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified nomane? If "Von " complete Schodule I. Dert II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			· .
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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	(0.004) 88(4) 4424	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<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? If "Yes," complete Schedule R,			
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	. 38	X	<u></u>
			000	

Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in the					
		1.	1 42		Yes	No
1a	* * * * * * * * * * * * * * * * * * * *		0			
b			1 0			
С	reportable gaming (gambling) vilgaines to pulse vilga and			1c		
2a		· · · · · · · · · · · · · · · · · · ·	1			
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	99			
b	······································	 		2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins					
За		•		3a		Х
b				21.		
4a						
	over, a financial account in a foreign country (such as a bank account, securities account, or	•				
	account)?			4a		X
b	· · · · · · · · · · · · · · · · · · ·					WEST COLUMN
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accounts				
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter					X
С	16 m 5 m 5 m 6 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7					
6a						
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	ANTINO DE LO DESCRIPTO DE LOS DE MANORES DE LOS DE MANORES DE LOS DE MANORES DE LA CONTRACTOR DE LA CONTRACT		VIII. 457			
)	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	23		7b		
С		•				
	required to file Form 8282?			7c	0.0000000000000000000000000000000000000	28000000000
d		7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b					
f	0 , 0 , 11 , 1					
g	If the organization received a contribution of qualified intellectual property, did the organization					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o		Form 1098-C?	7h	aigen kalusar	#SUNTABLE?
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintained by the				
^	sponsoring organization have excess business holdings at any time during the year?			8	38433	AT LUCE
9	Sponsoring organizations maintaining donor advised funds.					
a L						
р 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personant Section 501(c)(7) organizations. Enter:	on?		9b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
a	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				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu			12a	AND	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	le the organization licensed to iccur qualified health plane in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule					
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				
4a	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 So					

500000000	THE Source Management and Displacture For each West resonance to line 20 through 7h helps and			age (
T,	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se		ctions	
500	Check if Schedule O contains a response or note to any line in this Part VI	• • • • • • • • • • • • • • • • • • • •		X
<u> Sec</u>	ction A. Governing Body and Management		1,,	Т.,
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 16	5500	Yes	No
1a	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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.	110	de de la companya de	i de la composición dela composición de la composición dela composición de la compos
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
		120	22	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
40	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	10.0000	A MANAGEMENT
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	X	
b	Other officers or key employees of the organization	15b	MESSESSES.	X
	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	-1-1	X
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 ♦ CA			
8	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.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	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:			
	ILLIAM KERLIN 987-D LOMAS SANTA FE DRIVE			
		8-483	1_1/	155
	CA 72075	J 20.	'	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Titte	(B) Average hours per week (list any hours for		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM KERLIN										
	40.00	58 i	12000		A			70 (607		•
Managing Director	0.00			79	X		18	79,667	0	0
(2) DR ALLEN MOFFSON	2.00				1	Ш				_
Immed Past President	0.00	X				_	_	0	0	0
(3) JAY SARNO	2.00									
Vice President	0.00	х		х				0	0	0
(4) HANNAH STEP	0.00	 							J.	
	2.00									
Vice President	0.00	X		Х				0	0	0
(5) MARION DODSON										
<u>. </u>	2.00	,,							•	•
Trustee (6) IRA EPSTEIN	0.00	Х						0	0	0
(6) IRA EFSIEIN	2.00							,		
Trustee	0.00	х						o	0	0
(7) ROBERT FELDNER								,		
	2.00									
Trustee	0.00	X						0	0	0
(8) PETER HOUSE	0 00									
Ш	2.00 0.00	х						o	o	0
Trustee (9) SHARON STEIN	0.00	^						0	- U	<u> </u>
(a) DIMINON DIMIN	2.00									
President	0.00	х		х				0	0	0
(10) MARILYN TEDESCO										
	2.00									
Vice President	0.00	Х		Х				0	0	0
(11) HOLLY SMITH JONE										
Secretary	2.00	х		х				o	o	0
DAA	0.00	Λ		<i>A</i>		<u> </u>		<u> </u>	<u> </u>	Form 990 (2014)

Part VII Section A. Officers	o, Directors, Tra	1	J, 100	<i>у</i>	inhi	Jycc.	5, ai	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bc of	ox, uni	Pos check ess pe ind a	erson i directo	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) ROGER MOORE	2.00									
Treasurer (13) JENIE ALTRUDA	0.00	X		Х				0	0	(
Trustee	2.00	х						0	0	(
(14) CHRISTI GILHOI	2.00									
Trustee	0.00	х						0	0	C
(15) JOHN WEIL	2.00									
Trustee	0.00	х		<u> </u>				0	0	C
(16) STEVE CHAPMAN	2.00									
Trustee	0.00	х						0	0	C
(17) DAVID ELLENSTEIN	40.00									
Artistic Director	0.00	х				х		105,962	0	C
(18)					A.					
	7		88888	1	V					
(19)				181						
1b Sub-total							*	185,629		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S				• • • •	• • •	*	185,629		
Total number of individuals (increportable compensation from	cluding but not lim	ited			isted	abo	ve) v		00,000 of	
3 Did the organization list any for	rmer officer, direc	tor,	or tru	ıstee	, key	/ emj	oloye	ee, or highest compensated		Yes No
employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization.	a 1a, is the sum o izations greater th	f rep an \$	ortab 150,	le co 000?	mpe ۱۴ "۱	ensati ⁄es,"	ion a	and other compensation fror plete Schedule J for such	n the	
individual 5 Did any person listed on line 1	a receive or accn	ie cc	mpe	nsati	on fr	om a	any ι	unrelated organization or inc	dividual	
for services rendered to the organical Section B. Independent Contracto		s, cc	лиріє	ele S	cnec	uie .	J IOI	such person		5 X
 Complete this table for your five compensation from the organizer. 										
Name and	(A) d business address							Descript	(B) ion of services	(C) Compensation
		•								
										·
2 Total number of independent or received more than \$100,000 or							ose I	isted above) who	0	

Pa	art \	Check if Schedule (a response	or note to any line	in this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns	1a		Mary Company	No. of the second secon		
iran	b	Membership dues	1b		1000			
A,	С	Fundraising events	1c]	Same in a fi		
ar,	d	Related organizations	1d					
imi,	е	Government grants (contributions)	1e	50,000				
Sign	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	792,972	10000			
E S	g	Noncash contributions included in lines 1a-	-1f: \$				7.77	
<u>3 g</u>	h	Total. Add lines 1a-1f		, •	842,972			est a sistematica discussiva de discussiva d
Program Service Revenue				Busn. Code	1 000 050	4 000 000		
ě	2a	*			1,287,953			
SH.	b	************************		-	168,576 78,610			
Ę.	C	CONCESSIONS AND OTH		`	78,610	78,610		
٦S	d	•••••						
g	f	All other program service rever						
8	l	Total. Add lines 2a–2f			1,535,139		Leave public of the consequence	
	3	Investment income (including of						
		and other similar amounts)		•	107	107	1	
	4	Income from investment of tax-						
	5	Royalties						
		(i) Real	(i	ii) Personal				
	6a	Gross rents				100		
	b	Less: rental exps.						
	С	Rental inc. or (loss)				79		
	d 7a	Net rental income or (loss)	<u> </u>					
	,	sales of assets (i) Securities		(ii) Other				
		other than inventory						10 mm (10 mm)
	a	Less: cost or other						
	_	basis & sales exps.				and the same of		
		Gain or (loss) L	1					
		Gross income from fundraising ever					10.	
enne	- Ou	(and final collings of			andrews in To			
, ve		of contributions reported on line 1c).						The state of the state of
Other Rev		See Part IV, line 18		61,148		n Berger ar an america	and on the second	
the	b	Less: direct expenses		24,998				A STATE OF THE STA
0		Net income or (loss) from fundr			36,150			A Second Second Control of the Contr
		Gross income from gaming activities					The party of the p	Section 2 description (1995)
		See Part IV, line 19	a					
	b	Less: direct expenses	b					Francisco Company Comme
	С	Net income or (loss) from gamin	ng act <u>ivities</u>					
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold	• •					
	С	Net income or (loss) from sales	of inventory					
	11-	Miscellaneous Revenue		Busn. Code				
	11a b							
	C	• • • • • • • • • • • • • • • • • • • •						
		All other revenue						
		Total. Add lines 11a–11d						
		Total revenue. See instructions			2,414,368	1,535,246	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			ete column (A).	<u>F1</u>
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	79,667	27,087	26,290	26,290
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	700 000	670 605	06.004	
7	Other salaries and wages	783,003	672,625	36,391	73,987
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	150 500	100 015		44 FFF
9	Other employee benefits	158,593	139,815	7,223	11,555
10	Payroll taxes	91,758	74,178	6,762	10,818
11	Fees for services (non-employees):				
а	•				
b		C 475		C 455	
C	•	6,475		6,475	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	· · · · · · · · · · · · · · · · · · ·			17	
g	Other. (If line 11g amount exceeds 10% of line 25, column	4 227		4 205	
	(A) amount, list line 11g expenses on Schedule O.)	4,337	100 000	4,337	0.074
	Advertising and promotion	128,476	126,202	1.000	2,274
13	Office expenses	79,632	56,475	16,295	6,862
14	Information technology	14,613	10,229	2,923	1,461
15	Royalties	89,048 196,760	89,048	11 740	7 220
16	Occupancy	64,323	177,682	11,740	7,338 161
17	Travel	04,323	58,159	6,003	7.07
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,893		2,893	
20 24	Interest	2,093		2,693	
21	Payments to affiliates Depreciation, depletion, and amortization	12,103	8,774	1,279	2,050
22		13,985	11,187	1,399	1,399
23 24	Insurance Other expenses, Itemize expenses not covered	13,903	11,107	1,399	1,399
24	above (List miscellaneous expenses in tine 24e, If				
	line 24e amount exceeds 10% of line 25, column		10.140.000.000		
	(A) amount, list line 24e expenses on Schedule O.)			tana and a salah mara	
_	MAINSTAGE	190,295	190,295		
a	SPECIAL EVENTS	66,274	190,293		66,274
b	OUTSIDE CONTRACTORS	48,529	48,529		00,2/4
C.	CREDIT CARD PROCESSING	44,501	42,800	1,701	
d		80,739	72,050	7,163	1,526
	All other expenses Total functional expenses, Add lines 1 through 24e	2,156,004	1,805,135	138,874	211,995
25 26	Joint costs. Complete this line only if the	2,130,004	1,000,100	130,074	ZII, 990
	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)				

<u>P</u>	art)	Balance Sheet							
		Check if Schedule O contains a response or note to	any line in	this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest bearing			42,640	1	182,888		
	2	Savings and temporary cash investments			84,801	2	199,533		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •	18,318	4	62,307			
	5	Loans and other receivables from current and former office	cers. directo	rs.					
		trustees, key employees, and highest compensated employees							
		Complete Part II of Schedule L		5	to the second the seco				
	6	Loans and other receivables from other disqualified perso.							
		4958(f)(1)), persons described in section 4958(c)(3)(B), at							
		sponsoring organizations of section 501(c)(9) voluntary er							
s		organizations (see instructions). Complete Part II of Sched				6	. Spend demonstrates are not appropriate to a second relative relative fill applicable of		
Assets	7	Notes and loans receivable, net			7				
As	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment: cost or	1 1		161,377		137,140		
		other basis. Complete Part VI of Schedule D	10a	457,698					
	b	Less: accumulated depreciation	10b		115,155	10c	113,717		
	11	Investments—publicly traded securities		· 1	11				
	12	Investments—other securities. See Part IV, line 11			12				
	13	Investments—program-related. See Part IV, line 11			13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		737	15	4,525			
	16	Total assets, Add lines 1 through 15 (must equal line 34)			423,028	16	700,110		
	17	Accounts payable and accrued expenses			108,217	17	101,899		
	18	Grants payable			18				
	19	Deferred revenue		570,471	19	595,507			
	20	Grants payable Deferred revenue Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete Part IV of S			21				
Ø	22	Loans and other payables to current and former officers, of	directors,						
Liabilities		trustees, key employees, highest compensated employees							
jabi		disqualified persons. Complete Part II of Schedule L				22			
_	23	Secured mortgages and notes payable to unrelated third p	oarties			23			
	24	Unsecured notes and loans payable to unrelated third part	ties			24			
	25	Other liabilities (including federal income tax, payables to	related third						
		parties, and other liabilities not included on lines 17-24). C	omplete Pai	rt X					
		of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			678,688	26	697,406		
		Organizations that follow SFAS 117 (ASC 958), check	here 🔷	X and	10 N 16 1 W				
ces		complete lines 27 through 29, and lines 33 and 34.			040 461		400 000		
alan	27	Unrestricted net assets			-340,461	27	-196,830		
m	28	Temporarily restricted net assets			84,801	28	199,534		
n	29	Permanently restricted net assets		e ♦ and		29			
Ē		Organizations that do not follow SFAS 117 (ASC 958),							
ts o		complete lines 30 through 34.							
sse	30	Capital stock or trust principal, or current funds			30				
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment for			31				
Š	32	Retained earnings, endowment, accumulated income, or o		_255 660	32	2 704			
	33	Total net assets or fund balances		-255,660 423,028	33	2,704 700,110			
	34	Total liabilities and net assets/fund balances		<u>.</u>	423,028	34	700,110		

-om	1 990 (2014) NORTH COAST REPERTORY THEATRE 95-3819307			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	14,:	<u> 368</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1		
3	Revenue less expenses. Subtract line 2 from line 1		2.	58,:	<u> 364</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2 !	55,0	<u>660</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,	704
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
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 O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		• • •		
b	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
_	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2014)