A.M. Owens & Co., CPA, APC
9880 N Magnolia Ave # 188
Santee, CA 92071
619-698-2401

February 4, 2020

CONFIDENTIAL

NORTH COAST REPERTORY THEATRE
987-D LOMAS SANTA FE DRIVE
SOLANA BEACH, CA 92075

Dear CLIENT:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 8/31/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

A.M. Owens & Co., CPA, APC
9880 N Magnolia Ave # 188
Santee, CA 92071

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 8/31/19 shows a balance due of $10. Include a check payable to Franchise Tax Board with payment voucher 3586 and write "E.I.N. 95-3819307, FTB 3586" on the check.

Mail the voucher by July 15, 2020 to:

Franchise Tax Board

P.O. Box 942857
Sacramento, CA 94257-0531

If a private delivery service is used, mail to:
Franchise Tax Board
Sacramento, CA 95827

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to A.M. Owens & Co., CPA, APC before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 8/31/19 shows a balance due of $150. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of $150. Write "E.I.N. 95-3819307, RRF-1 Balance Due for the year ended 8/31/19" on the check. Mail the return by July 15, 2020 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

A.M. Owens & Co., CPA, APC

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 9/01, 2018, and ending 8/31, 20 19

◆ Do not send to the IRS. Keep for your records.
◆ Go to *www.irs.gov/Form8879EO* for the latest information.

OMB No. 1545-1878

2018

Name of exempt organization

NORTH COAST REPERTORY THEATRE

Employer identification number

95-3819307

Name and title of officer

SHARON STEIN
President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	2,870,694
2a	Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize A.M. Owens & Co., CPA, APC (ERO firm name) to enter my PIN 40835 as my signature
Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature " Date " 02/04/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33653554642
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature " Alicia M. Owens Date " 02/04/20

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

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.
◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09/01/18 , and ending 08/31/19

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

C Name of organization
NORTH COAST REPERTORY THEATRE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
987-D LOMAS SANTA FE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SOLANA BEACH CA 92075

D Employer identification number
95-3819307

E Telephone number
858-481-2155

G Gross receipts$ 2,948,923

F Name and address of principal officer:
SHARON STEIN
987 LOMAS SANTA FE DRIVE
SOLANA BEACH CA 92075

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

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

J Website: ◆ WWW.NORTHCOASTREP.ORG

H(c) Group exemption number ◆

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ◆

L Year of formation: 1982

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO OPERATE A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR THE PROMOTION OF THE PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE ARTS.

2 Check this box ◆ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	127
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,131,756	981,524
9 Program service revenue (Part VIII, line 2g)	1,609,512	1,959,965
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,581	7,434
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-72,730	-78,229
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,671,119	2,870,694
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,510,221	1,565,882
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,500	0
b Total fundraising expenses (Part IX, column (D), line 25) ◆ 209,584		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,063,118	1,242,964
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,574,839	2,808,846
19 Revenue less expenses. Subtract line 18 from line 12	96,280	61,848

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,043,116	1,220,919
21 Total liabilities (Part X, line 26)	789,565	909,471
22 Net assets or fund balances. Subtract line 21 from line 20	253,551	311,448

Part II Signature Block

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

Sign Here

Signature of officer — Date

SHARON STEIN President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Alicia M. Owens	Alicia M. Owens	02/04/20		P01212923

Firm's name " A.M. Owens & Co., CPA, APC — Firm's EIN " 45-4128534

Firm's address " 9880 N Magnolia Ave # 188 Santee, CA 92071 — Phone no. 619-698-2401

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO OPERATE A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR THE PROMOTION OF THE PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE ARTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 2,457,941 including grants of $) (Revenue $ 1,959,965)

See Schedule O

CLIENT COPY

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

N/A

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

N/A

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ◆ 2,457,941

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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
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 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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 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* (see instructions)	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	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?	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

COPY

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds 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 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 disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
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, Part 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	48		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 127			
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 *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
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		
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).**			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	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.**			
a	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:			
a	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 10b			
11	**Section 501(c)(12) organizations.** Enter:			
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			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.**			
a	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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section 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	20		
	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	20		
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			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			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:				
a	The governing body?	8a		X	
b	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*	9			X

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

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			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		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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		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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ◆ CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 ☒ 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 ◆

WILLIAM KERLIN 987 LOMAS SANTA FE DRIVE
SOLANA BEACH CA 92075 858-481-2155

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ELLENSTEIN	40.00									
Artistic Director	0.00	X			X			127,000	0	0
(2) WILLIAM KERLIN	40.00									
Managing Director	0.00	X			X			106,000	0	0
(3) JAY SARNO	2.00									
Office of the Pres	0.00	X		X				0	0	0
(4) HANNAH STEP	2.00									
Office of the Pres	0.00	X		X				0	0	0
(5) PETER HOUSE	2.00									
Director	0.00	X						0	0	0
(6) SHARON STEIN	2.00									
President	0.00	X		X				0	0	0
(7) MARILYN TEDESCO	2.00									
Director	0.00	X		X				0	0	0
(8) PATRICIA MOISES	2.00									
Secretary	0.00	X		X				0	0	0
(9) JOHN WEIL	2.00									
Director	0.00	X						0	0	0
(10) STEVE CHAPMAN	2.00									
Director	0.00	X						0	0	0
(11) MARION DODSON	2.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RICH LEIB	2.00									
Director	0.00	X						0	0	0
(13) SUSAN ROTH	2.00									
Director	0.00	X						0	0	0
(14) MARC TAYER	2.00									
Vice President	0.00	X		X				0	0	0
(15) MARTIN DAVIS	2.00									
Vice President	0.00	X		X				0	0	0
(16) BERIT DURLER	2.00									
Treasurer	0.00	X		X				0	0	0
(17) BEVERLY LIBERMAN	2.00									
Director	0.00	X						0	0	0
(18) HARV KAUFFMAN	0.00									
Director	0.00	X						0	0	0
(19) MARINA PASTOR	0.00									
Director	0.00	X						0	0	0
1b Sub-total ◆								233,000		
c Total from continuation sheets to Part VII, Section A ◆										
d Total (add lines 1b and 1c) ◆								233,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	76,270			
	d Related organizations	1d				
	e Government grants (contributions)	1e	20,074			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	885,180			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f	◆	981,524			
Program Service Revenue		Busn. Code				
	2a ADMISSIONS		1,736,802	1,736,802		
	b THEATRE SCHOOL		176,225	176,225		
	c CONCESSIONS AND OTHER SUPPORT		46,938	46,938		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	◆	1,959,965			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	◆	7,434	7,434		
	4 Income from investment of tax-exempt bond proceeds	◆				
	5 Royalties	◆				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	◆				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	◆				
	8a Gross income from fundraising events (not including $ 76,270 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b	78,229			
	c Net income or (loss) from fundraising events	◆	-78,229			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	◆				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	◆				
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d	◆				
	12 Total revenue. See instructions.	◆	2,870,694	1,967,399	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,000	163,040	34,980	34,980
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	993,329	846,599	30,950	115,780
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	208,538	187,109	6,520	14,909
10 Payroll taxes	131,015	107,865	7,044	16,106
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,290		7,290	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	731	203		528
12 Advertising and promotion	220,869	220,745		124
13 Office expenses	130,955	87,029	29,918	14,008
14 Information technology	4,971	3,977	497	497
15 Royalties	137,577	137,577		
16 Occupancy	152,246	137,022	7,612	7,612
17 Travel	93,897	90,131	3,766	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	129		129	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,883	8,066	2,192	1,625
23 Insurance	17,018	13,614	1,702	1,702
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINSTAGE	239,429	239,429		
b OUTSIDE CONTRACTORS	64,953	63,899	1,054	
c CREDIT CARD PROCESSING	58,677	58,677		
d THEATRE SCHOOL	36,425	36,425		
e All other expenses	65,914	56,534	7,667	1,713
25 Total functional expenses. Add lines 1 through 24e	2,808,846	2,457,941	141,321	209,584
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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		296,929	1	437,905
	2	Savings and temporary cash investments		386,486	2	342,725
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,124	4	23,957
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		219,592	9	256,864
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 515,619			
	b	Less: accumulated depreciation	10b 413,473	114,029	10c	102,146
	11	Investments—publicly traded securities			11	49,640
	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		7,956	15	7,682
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,043,116	16	1,220,919
Liabilities	17	Accounts payable and accrued expenses		56,331	17	67,024
	18	Grants payable			18	
	19	Deferred revenue		733,234	19	842,447
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		789,565	26	909,471
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ◆ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		151,204	27	217,495
	28	Temporarily restricted net assets		51,110	28	93,953
	29	Permanently restricted net assets		51,237	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ◆ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		253,551	33	311,448
	34	Total liabilities and net assets/fund balances		1,043,116	34	1,220,919

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,870,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,808,846
3	Revenue less expenses. Subtract line 2 from line 1	3	61,848
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	253,551
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,951
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	311,448

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JUDY WHEATLEY	0.00									
Director	0.00	X						0	0	0

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1b	Sub-total ◆			
c	Total from continuation sheets to Part VII, Section A ◆			
d	Total (add lines 1b and 1c) ◆			

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ... 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ... 15 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	842,972	861,620	977,691	1,131,756	981,524	4,795,563
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,596,394	1,629,016	1,681,516	1,612,093	1,967,399	8,486,418
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						
6 **Total.** Add lines 1 through 5	2,439,366	2,490,636	2,659,207	2,743,849	2,948,923	13,281,981
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						13,281,981

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,439,366	2,490,636	2,659,207	2,743,849	2,948,923	13,281,981
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2,439,366	2,490,636	2,659,207	2,743,849	2,948,923	13,281,981

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

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2017.** 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 ▶ ☐

Part IV Supporting Organizations

(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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	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 Part VI the role played by the organization in this regard.*	3b		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

Part III, Line 12 - Other Income Detail

SPECIAL EVENTS	$ 0

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.
◆ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NORTH COAST REPERTORY THEATRE

Employer identification number

95-3819307

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

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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 33⅓% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that 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).

Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JO & HOWARD WEINER PO BOX 9631 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Elaine & Leonard Hirsch 1830 AVENIDA DEL MUNDO #1710 CORONADO CA 92118	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Julie & Jay Sarno 7897 SITIO MIRTO CARLSBAD CA 92009	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Hannah Step PO BOX 8997 RANCHO SANTA FE CA 92067	$ 110,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Mandell Weiss Charitable Trust P O Box 221071 San Diego CA 92129	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	Jeffrey Lipinsky 6102 LA Jolla Mesa Dr LA JOLLA CA 92037	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	David & Sherry Winkler 1400 Maiden Ln #1 DEL MAR CA 92014	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Jill Hall 666 Albion St San Diego CA 92106	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	Marilyn & Lou Tedesco PO BOX 9893 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ROGER AND NANCY MOORE PO BOX 2777 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	US BANK 5787 CHESAPEAKE CT San Diego CA 92123	$ 14,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	SAM DELUCA 24253 SARADELLA CT MURRIETA CA 92562	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KEN BACA 507 Van Dyke Ave DEL MAR CA 92014	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	JENNY CRAIG 11601 WILSHIRE BLVD LOS ANGELES CA 90025	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	THE SHUBERT FOUNDATION 234 WEST 44TH STREET NEW YORK NY 10036	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	COUNTY OF SAN DIEGO 1600 PACIFIC HIGHWAY #352 SAN DIEGO CA 92101	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	DAVID LAING 18839 BERNARDO TRAILS DR SAN DIEGO CA 92128	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	DENIA AND JOHN CHASE PO BX 8363 RANCHO SANTA FE CA 92067	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PATTY MOISES 3550 OVERPARK RD SAN DIEGO CA 92130	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	CYNTHIA SEEBERG 2009 LEMONBERRY LANE CARLSBAD CA 92009	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	JEANETTE STEVENS 1163 ST HELENA PARK CT SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	LEE & FRANK GOLDBERG PO BOX 300 RANCHO SANTA FE CA 92065	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	ROBERTA BALL 878 VIVA CT SOLANA BEACH CA 92075	$ 5,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	QUALCOMM 5775 MOREHOUSE DR SAN DIEGO CA 92121	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DAVID AND KATHLEEN TANSEY 665 CANYON DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	MOLLI WAGNER 8515 COSTA VERDE BLVD UNIT 1952 SAN DIEGO CA 92122	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	PAM FUSON 769 NARDO RD ENCINITAS CA 92024	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	NATHAN MCCAY 132 OCEAN VIEW AVE DEL MAR CA 92064	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	JOHN AND DIANE KANE 7711 LOOKOUT LANE LA JOLLA CA 92037	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	CITY OF SOLANA BEACH 635 S HWY 101 SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KATHLEEN SLAYTON 3037 KARNES WAY SAN DIEGO CA 92117	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	TOM & BERIT DURLER 3625 ELLIOTT ST SAN DIEGO CA 92106	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	KANDACE BARON 987 LOMAS SANTE FE DR SOLANA BEACH CA 92075	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	RICHARD & CATHY BULLER 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,050	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	JAMIE CARR 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	CYNTHIA & MARTIN DAVIS 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ELIZABETH JOHNSON 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	NORDSON CORPORATION 40 CATAMORE BLVD CONCORD CA 94520	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	JEANNIE & BRUCE NORDSTROM 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	PACIFIC ENT MEDICAL GROUP 6010 HIDDEN VALLEY RD CARLSBAD CA 92011	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	MARY ANN PETREE 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	DON ROTH 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ANNA & JOHN SCHOOLEY 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	GARY SEGER 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 8,651	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	DAN TRUJILLO 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	RAY & DONNA VANCE 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
◆ Attach to Form 990.
◆ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTH COAST REPERTORY THEATRE

Employer identification number

95-3819307

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

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

	(a) Donor advised funds	(b) Funds and 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ◆ $
(ii) Assets included in Form 990, Part X ◆ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ◆ $
b Assets included in Form 990, Part X ◆ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ..... ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ◆ ..... %
b Permanent endowment ◆ ..... %
c Temporarily restricted endowment ◆ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ◆				

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ◆		

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. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ◆		

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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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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	2,917,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	47,148		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	47,148
3	Subtract line 2e from line 1			3	2,870,694
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,870,694

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,859,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	47,148		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,951		
e	Add lines 2a through 2d			2e	51,099
3	Subtract line 2e from line 1			3	2,808,846
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,808,846

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Part XIII Supplemental Information.

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

Part XII, Line 2d - Expense Amounts Included in Financials - Other

UNREALIZED LOSS ON INVESTMENTS	$ 3,951

Part XIII Supplemental Information *(continued)*

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTH COAST REPERTORY THEATRE

Employer identification number

95-3819307

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPECIAL THEATRE (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	76,270			76,270
	2 Less: Contributions	76,270			76,270
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,229			78,229
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	78,229
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	-78,229

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ◆

Address ◆

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ◆ $ and the amount of gaming revenue retained by the third party ◆ $

c If "Yes," enter name and address of the third party:

Name ◆

Address ◆

16 Gaming manager information:

Name ◆

Gaming manager compensation ◆ $

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Description of services provided ◆

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ◆ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or 990-EZ.

◆ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
NORTH COAST REPERTORY THEATRE	95-3819307

Form 990, Part III, Line 4a - First Accomplishment

THE ORGANIZATION OPERATES A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR PROMOTION OF THE PUBLIC APPRECIATION OF EDUCATION REGARDING THEATRE ARTS. THEY PRODUCED 8 MAINSTAGE SHOWS AND MAIN OTHER COLLABORATIVE EVENTS. THE ORGANIZATION ALSO TEAMS WITH COMMUNITIES THROUGHOUT SAN DIEGO COUNTY TO PROVIDE ARTS AND EDUCATION PROGRAMS TO CHILDREN AND TEENS OF ALL BACKGROUNDS AND SOCIOECONOMIC LEVELS. IN-SCHOOL RESIDENCY PROGRAMS PROVIDE STUDENTS WITH EXPOSURE TO THE DRAMATIC ARTS AND WORKSHOPS INCORPORATE AFFORDABLE PROFESSIONAL INSTRUCTION AND ARE OFFERED DURING AND/OR AFTER SCHOOL. DURING FISCAL 2014, APPROXIMATELY 3,500 STUDENTS IMPROVED THEIR COMMUNICATION AND SELF-CONFIDENCE AS WELL AS THEIR TECHNICAL ACTING ABILITY AND SKILLS BY ATTENDING FALL, WINTER AND SPRING CLASS SESSIONS AND DAY CAMP DURING THE SUMMER MONTHS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 IS REVIEWED BY THE BOARD AND THE MANAGING DIRECTOR PRIOR TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICTS ARE REVIEWIED ANNUALLY BY THE BOARD

Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE COMMITTEE AND THE BOARD REVIEW ALL COMPENSATION ANNUALLY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

GOVERNING DOCUMENTS ARE AVAIABLE UPON REQUEST AT THE MAILING ADDRESS.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

UNREALIZED LOSS ON INVESTMENTS	$ -3,951

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

◆ Attach to your tax return.

◆ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return: NORTH COAST REPERTORY THEATRE

Identifying number: 95-3819307

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,478

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	7,405
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ◆ ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,883
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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95-3819307

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	IMPROVEMENTS	1/01/03	144,757			X	101,330	7	HY	S/L	144,757	0
3	CAFE DOORS	10/02/03	1,987			X	993	7	HY	S/L	1,987	0
4	CARPET	9/08/03	1,173			X	586	7	HY	S/L	1,173	0
5	IMPROVEMENTS	7/01/05	2,411				2,411	7	HY	S/L	2,411	0
7	MACHINERY AND EQUIPMENT	1/01/00	91,210				91,210	7	HY	S/L	91,210	0
10	LIGHTING EQUIP	6/30/02	97			X	68	7	HY	S/L	97	0
11	LEKOS	7/01/02	933			X	653	7	HY	S/L	933	0
12	HEADSETS	7/01/02	1,621			X	1,135	7	HY	S/L	1,621	0
14	LIGHTING INSTRUMENTS	7/21/03	1,858			X	929	5	HY	S/L	1,858	0
15	SOUND EQUIP	7/21/03	1,228			X	614	5	HY	S/L	1,228	0
20	SOUND/LIGHT EQUIP	6/11/04	1,376			X	688	7	HY	S/L	1,376	0
21	AMPS & PA	7/20/04	1,291			X	645	7	HY	S/L	1,291	0
22	FIREPROOF FILE CA	9/10/04	614			X	307	7	HY	S/L	614	0
24	THEATRE EQUIP	7/31/05	3,588				3,588	7	HY	S/L	3,588	0
25	SOUND SYSTEM	1/12/06	12,190				12,190	7	HY	S/L	12,190	0
26	ARTS MANAGEMENT	11/30/05	23,730				23,730	5	HY	S/L	23,730	0
27	2 SERVERS/COMPUTERS	12/05/05	2,676				2,676	5	HY	S/L	2,676	0
29	SERVER/COMP EQUIP	2/23/06	358				358	5	HY	S/L	358	0
30	SERVER/COMP EQUIP	3/21/06	676				676	5	HY	S/L	676	0
31	BO & ACCT COMPUTER	8/01/99	1,611				1,611	5	HY	S/L	1,611	0
33	COMPUTER DISPLAY PROJECTO	12/31/07	970				970	5	HY	S/L	970	0
34	SERVER	3/24/08	3,120			X	1,560	5	HY	S/L	3,120	0
35	BOX OFFICE COMPUTER	6/06/08	632			X	316	5	HY	S/L	632	0
37	CASE STATEMENTS	6/25/08	560			X	280	7	HY	S/L	560	0
38	HOUSE MAIN SPEAKERS	4/29/09	877			X	438	7	HY	S/L	855	22
39	FULL COMPASS SYSTEMS	6/03/09	2,141			X	1,070	7	HY	S/L	1,964	177
40	CHIPS	7/09/09	272			X	136	5	HY	S/L	272	0
41	COMPUTER HPp6127c-B	9/08/09	786			X	393	5	HY	S/L	786	0
42	5 21.5 IMAC COMPUTERS	3/23/10	6,274			X	3,137	5	HY	S/L	6,246	28
43	IMAC 27	3/23/10	4,148			X	2,074	5	HY	S/L	4,145	3
44	SAMSUNG 40 INCH LCD TV	3/31/10	800			X	400	7	HY	S/L	730	70
45	HD VIDEO CAMERA	3/31/10	1,200			X	600	7	HY	S/L	996	204
46	LIGHT EQUIPMENT	5/24/10	7,537			X	3,768	7	HY	S/L	5,999	1,076
47	FURN & EQUIP	2/01/11	27,902			X	8,790	7	HY	S/L	19,112	3,986
48	LEASEHOLD IMPROVEMENTS	3/09/12	1,209			X	604	7	HY	S/L	689	87
49	SIGNAGE	9/30/11	22,200			X	12,548	10	HY	S/L	9,652	1,255
50	EQUIPMENT	3/09/12	753			X	376	7	HY	S/L	430	53
51	MICROPHONES	7/01/12	5,365			X	2,682	7	HY	S/L	3,374	382
55	SCANNERS	5/01/13	3,435			X	1,717	5	HY	200DB	3,435	0
56	LED LIGHTING	6/04/13	4,857			X	2,428	5	HY	200DB	4,857	0
57	WASHER DRYER	9/27/12	1,249			X	624	5	HY	200DB	1,249	0
58	THEATRE DOOR	2/15/13	1,600			X	800	5	HY	200DB	1,600	0
59	REMODEL	5/23/13	2,439				2,439	39	MM	S/L	331	62
			395,711				294,548				367,389	7,405
Other Depreciation:												
1	BUILDINGS	1/01/04	47,194				47,194	0	--	Memo	0	0
6	CARPET/CURTAINS	9/01/05	10,039				10,039	7	MO	S/L	10,039	0
52	LIGHTING	5/01/14	10,042				10,042	10	MO	S/L	4,360	1,004
53	AUTO	8/01/14	6,000				6,000	5	MO	S/L	4,900	1,100
54	PHONE SWITCH	8/01/14	640				640	5	MO	S/L	523	117
60	FURN & FIX	3/01/15	1,718				1,718	5	MO	S/L	1,203	343
61	EQUIP	2/13/15	1,101				1,101	1	MO	S/L	1,101	0
62	EQUIPMENT	4/01/15	7,846				7,846	5	MO	S/L	5,362	1,570
63	REFRIGERATOR	6/03/03	1,233				1,233	5	MO	S/L	1,233	0
64	EQUIP	3/31/15	1,718				1,718	5	MO	S/L	687	344
	Total Other Depreciation		87,531				87,531				29,408	4,478
	Total ACRS and Other Depreciation		87,531				87,531				29,408	4,478

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95-3819307

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		483,242				382,079				396,797	11,883
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		483,242				382,079				396,797	11,883

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95-3819307

CA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
2	IMPROVEMENTS	1/01/03	144,757	144,757	144,757	0	0	0
3	CAFE DOORS	10/02/03	1,987	1,987	1,987	0	0	0
4	CARPET	9/08/03	1,173	1,173	1,173	0	0	0
5	IMPROVEMENTS	7/01/05	2,411	2,411	2,411	0	0	0
7	MACHINERY AND EQUIPMENT	1/01/00	91,210	91,210	91,210	0	0	0
10	LIGHTING EQUIP	6/30/02	97	97	97	0	0	0
11	LEKOS	7/01/02	933	933	933	0	0	0
12	HEADSETS	7/01/02	1,621	1,621	1,621	0	0	0
14	LIGHTING INSTRUMENTS	7/21/03	1,858	1,858	1,858	0	0	0
15	SOUND EQUIP	7/21/03	1,228	1,228	1,228	0	0	0
20	SOUND/LIGHT EQUIP	6/11/04	1,376	1,376	1,376	0	0	0
21	AMPS & PA	7/20/04	1,291	1,291	1,291	0	0	0
22	FIREPROOF FILE CA	9/10/04	614	614	614	0	0	0
24	THEATRE EQUIP	7/31/05	3,588	3,588	3,588	0	0	0
25	SOUND SYSTEM	1/12/06	12,190	12,190	12,190	0	0	0
26	ARTS MANAGEMENT	11/30/05	23,730	23,730	23,730	0	0	0
27	2 SERVERS/COMPUTERS	12/05/05	2,676	2,676	2,676	0	0	0
29	SERVER/COMP EQUIP	2/23/06	358	358	358	0	0	0
30	SERVER/COMP EQUIP	3/21/06	676	676	676	0	0	0
31	BO & ACCT COMPUTER	8/01/99	1,611	1,611	1,611	0	0	0
33	COMPUTER DISPLAY PROJECTO	12/31/07	970	970	970	0	0	0
34	SERVER	3/24/08	3,120	3,120	3,120	0	0	0
35	BOX OFFICE COMPUTER	6/06/08	632	632	632	0	0	0
37	CASE STATEMENTS	6/25/08	560	560	560	0	0	0
38	HOUSE MAIN SPEAKERS	4/29/09	877	877	877	0	22	22
39	FULL COMPASS SYSTEMS	6/03/09	2,141	2,141	2,141	0	177	177
40	CHIPS	7/09/09	272	272	272	0	0	0
41	COMPUTER HPp6127c-B	9/08/09	786	786	786	0	0	0
42	5 21.5 IMAC COMPUTERS	3/23/10	6,274	6,274	6,274	0	28	28
43	IMAC 27	3/23/10	4,148	4,148	4,148	0	3	3
44	SAMSUNG 40 INCH LCD TV	3/31/10	800	800	800	0	70	70
45	HD VIDEO CAMERA	3/31/10	1,200	1,200	1,200	0	204	204
46	LIGHT EQUIPMENT	5/24/10	7,537	7,537	7,537	0	1,076	1,076
47	FURN & EQUIP	2/01/11	27,902	27,902	27,902	0	3,986	3,986
48	LEASEHOLD IMPROVEMENTS	3/09/12	1,209	1,209	1,123	86	87	1
49	SIGNAGE	9/30/11	22,200	22,200	13,530	2,220	1,255	-965
50	EQUIPMENT	3/09/12	753	753	699	54	53	-1
51	MICROPHONES	7/01/12	5,365	5,365	4,982	382	382	0
55	SCANNERS	5/01/13	3,435	3,435	3,435	0	0	0
56	LED LIGHTING	6/04/13	4,857	4,857	4,857	0	0	0
57	WASHER DRYER	9/27/12	1,249	1,249	1,249	0	0	0
58	THEATRE DOOR	2/15/13	1,600	1,600	1,600	0	0	0
59	REMODEL	5/23/13	2,439	2,439	331	62	62	0
			395,711	395,711	384,410	2,804	7,405	4,601
Other Depreciation:								
1	BUILDINGS	1/01/04	47,194	47,194	0	0	0	0
6	CARPET/CURTAINS	9/01/05	10,039	10,039	10,039	0	0	0
52	LIGHTING	5/01/14	10,042	10,042	4,360	1,004	1,004	0
53	AUTO	8/01/14	6,000	6,000	4,900	1,100	1,100	0
54	PHONE SWITCH	8/01/14	640	640	523	117	117	0
60	FURN & FIX	3/01/15	1,718	1,718	1,203	343	343	0
61	EQUIP	2/13/15	1,101	1,101	1,101	0	0	0
62	EQUIPMENT	4/01/15	7,846	7,846	5,362	1,570	1,570	0
63	REFRIGERATOR	6/03/03	1,233	1,233	1,233	0	0	0
64	EQUIP	3/31/15	1,718	1,718	687	344	344	0
	Total Other Depreciation		87,531	87,531	29,408	4,478	4,478	0
	Total ACRS and Other Depreciation		87,531	87,531	29,408	4,478	4,478	0

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CA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
	Grand Totals		483,242	483,242	413,818	7,282	11,883	4,601
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		483,242	483,242	413,818	7,282	11,883	4,601

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
55	SCANNERS	5/01/13	3,435			X	1,717	5	HY	200DB	3,435	0
56	LED LIGHTING	6/04/13	4,857			X	2,428	5	HY	200DB	4,857	0
57	WASHER DRYER	9/27/12	1,249			X	624	5	HY	200DB	1,249	0
58	THEATRE DOOR	2/15/13	1,600			X	800	5	HY	200DB	1,600	0
59	REMODEL	5/23/13	2,439				2,439	39	MM	S/L	331	62
			13,580				8,008				11,472	62
Other Depreciation:												
1	BUILDINGS	1/01/04	0				0	0	HY		0	0
2	IMPROVEMENTS	1/01/03	0				0	0	HY		0	0
3	CAFE DOORS	10/02/03	0				0	0	HY		0	0
4	CARPET	9/08/03	0				0	0	HY		0	0
5	IMPROVEMENTS	7/01/05	0				0	0	HY		0	0
6	CARPET/CURTAINS	9/01/05	0				0	0	HY		0	0
7	MACHINERY AND EQUIPMENT	1/01/00	0				0	0	HY		0	0
10	LIGHTING EQUIP	6/30/02	0				0	0	HY		0	0
11	LEKOS	7/01/02	0				0	0	HY		0	0
12	HEADSETS	7/01/02	0				0	0	HY		0	0
14	LIGHTING INSTRUMENTS	7/21/03	0				0	0	HY		0	0
15	SOUND EQUIP	7/21/03	0				0	0	HY		0	0
20	SOUND/LIGHT EQUIP	6/11/04	0				0	0	HY		0	0
21	AMPS & PA	7/20/04	0				0	0	HY		0	0
22	FIREPROOF FILE CA	9/10/04	0				0	0	HY		0	0
24	THEATRE EQUIP	7/31/05	0				0	0	HY		0	0
25	SOUND SYSTEM	1/12/06	0				0	0	HY		0	0
26	ARTS MANAGEMENT	11/30/05	0				0	0	HY		0	0
27	2 SERVERS/COMPUTERS	12/05/05	0				0	0	HY		0	0
29	SERVER/COMP EQUIP	2/23/06	0				0	0	HY		0	0
30	SERVER/COMP EQUIP	3/21/06	0				0	0	HY		0	0
31	BO & ACCT COMPUTER	8/01/99	0				0	0	HY		0	0
33	COMPUTER DISPLAY PROJECTO	12/31/07	0				0	0	HY		0	0
34	SERVER	3/24/08	0				0	0	HY		0	0
35	BOX OFFICE COMPUTER	6/06/08	0				0	0	HY		0	0
37	CASE STATEMENTS	6/25/08	0				0	0	HY		0	0
38	HOUSE MAIN SPEAKERS	4/29/09	0				0	0	HY		0	0
39	FULL COMPASS SYSTEMS	6/03/09	0				0	0	HY		0	0
40	CHIPS	7/09/09	0				0	0	HY		0	0
41	COMPUTER HPp6127c-B	9/08/09	0				0	0	HY		0	0
42	5 21.5 IMAC COMPUTERS	3/23/10	0				0	0	HY		0	0
43	IMAC 27	3/23/10	0				0	0	HY		0	0
44	SAMSUNG 40 INCH LCD TV	3/31/10	0				0	0	HY		0	0
45	HD VIDEO CAMERA	3/31/10	0				0	0	HY		0	0
46	LIGHT EQUIPMENT	5/24/10	0				0	0	HY		0	0
47	FURN & EQUIP	2/01/11	0				0	0	HY		0	0
48	LEASEHOLD IMPROVEMENTS	3/09/12	0				0	0	HY		0	0
49	SIGNAGE	9/30/11	0				0	0	HY		0	0
50	EQUIPMENT	3/09/12	0				0	0	HY		0	0
51	MICROPHONES	7/01/12	0				0	0	HY		0	0
52	LIGHTING	5/01/14	10,042				10,042	10	MO	S/L	4,360	1,004
53	AUTO	8/01/14	0				0	0	HY		0	0
54	PHONE SWITCH	8/01/14	0				0	0	HY		0	0
60	FURN & FIX	3/01/15	0				0	0	HY		0	0
61	EQUIP	2/13/15	0				0	0	HY		0	0
62	EQUIPMENT	4/01/15	0				0	0	HY		0	0
63	REFRIGERATOR	6/03/03	0				0	0	HY		0	0
64	EQUIP	3/31/15	0				0	0	HY		0	0
	Total Other Depreciation		10,042				10,042				4,360	1,004
	Total ACRS and Other Depreciation		10,042				10,042				4,360	1,004

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		23,622				18,050				15,832	1,066
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		23,622				18,050				15,832	1,066

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Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	IMPROVEMENTS	1/01/03	144,757		0	0	43,427	101,330
3	CAFE DOORS	10/02/03	1,987		0	0	994	993
4	CARPET	9/08/03	1,173		0	0	587	586
10	LIGHTING EQUIP	6/30/02	97		0	0	29	68
11	LEKOS	7/01/02	933		0	0	280	653
12	HEADSETS	7/01/02	1,621		0	0	486	1,135
14	LIGHTING INSTRUMENTS	7/21/03	1,858		0	0	929	929
15	SOUND EQUIP	7/21/03	1,228		0	0	614	614
20	SOUND/LIGHT EQUIP	6/11/04	1,376		0	0	688	688
21	AMPS & PA	7/20/04	1,291		0	0	646	645
22	FIREPROOF FILE CA	9/10/04	614		0	0	307	307
34	SERVER	3/24/08	3,120		0	0	1,560	1,560
35	BOX OFFICE COMPUTER	6/06/08	632		0	0	316	316
37	CASE STATEMENTS	6/25/08	560		0	0	280	280
38	HOUSE MAIN SPEAKERS	4/29/09	877		0	0	439	438
39	FULL COMPASS SYSTEMS	6/03/09	2,141		0	0	1,071	1,070
40	CHIPS	7/09/09	272		0	0	136	136
41	COMPUTER HPp6127c-B	9/08/09	786		0	0	393	393
42	5 21.5 IMAC COMPUTERS	3/23/10	6,274		0	0	3,137	3,137
43	IMAC 27	3/23/10	4,148		0	0	2,074	2,074
44	SAMSUNG 40 INCH LCD TV	3/31/10	800		0	0	400	400
45	HD VIDEO CAMERA	3/31/10	1,200		0	0	600	600
46	LIGHT EQUIPMENT	5/24/10	7,537		0	0	3,769	3,768
47	FURN & EQUIP	2/01/11	27,902		0	0	19,112	8,790
48	LEASEHOLD IMPROVEMENTS	3/09/12	1,209		0	0	605	604
49	SIGNAGE	9/30/11	22,200		0	0	9,652	12,548
50	EQUIPMENT	3/09/12	753		0	0	377	376
51	MICROPHONES	7/01/12	5,365		0	0	2,683	2,682
55	SCANNERS	5/01/13	3,435		0	0	1,718	1,717
56	LED LIGHTING	6/04/13	4,857		0	0	2,429	2,428
57	WASHER DRYER	9/27/12	1,249		0	0	625	624
58	THEATRE DOOR	2/15/13	1,600		0	0	800	800
	Grand Total		253,852		0	0	101,163	152,689

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95-3819307

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	55	SCANNERS	0	0	0
Page 1	1	56	LED LIGHTING	0	0	0
Page 1	1	57	WASHER DRYER	0	0	0
Page 1	1	58	THEATRE DOOR	0	0	0
Page 1	1	59	REMODEL	62	62	0
				62	62	0

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95-3819307

Future Depreciation Report FYE: 8/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	IMPROVEMENTS	1/01/03	144,757	0	0
3	CAFE DOORS	10/02/03	1,987	0	0
4	CARPET	9/08/03	1,173	0	0
5	IMPROVEMENTS	7/01/05	2,411	0	0
7	MACHINERY AND EQUIPMENT	1/01/00	91,210	0	0
10	LIGHTING EQUIP	6/30/02	97	0	0
11	LEKOS	7/01/02	933	0	0
12	HEADSETS	7/01/02	1,621	0	0
14	LIGHTING INSTRUMENTS	7/21/03	1,858	0	0
15	SOUND EQUIP	7/21/03	1,228	0	0
20	SOUND/LIGHT EQUIP	6/11/04	1,376	0	0
21	AMPS & PA	7/20/04	1,291	0	0
22	FIREPROOF FILE CA	9/10/04	614	0	0
24	THEATRE EQUIP	7/31/05	3,588	0	0
25	SOUND SYSTEM	1/12/06	12,190	0	0
26	ARTS MANAGEMENT	11/30/05	23,730	0	0
27	2 SERVERS/COMPUTERS	12/05/05	2,676	0	0
29	SERVER/COMP EQUIP	2/23/06	358	0	0
30	SERVER/COMP EQUIP	3/21/06	676	0	0
31	BO & ACCT COMPUTER	8/01/99	1,611	0	0
33	COMPUTER DISPLAY PROJECTO	12/31/07	970	0	0
34	SERVER	3/24/08	3,120	0	0
35	BOX OFFICE COMPUTER	6/06/08	632	0	0
37	CASE STATEMENTS	6/25/08	560	0	0
38	HOUSE MAIN SPEAKERS	4/29/09	877	0	0
39	FULL COMPASS SYSTEMS	6/03/09	2,141	0	0
40	CHIPS	7/09/09	272	0	0
41	COMPUTER HPp6127c-B	9/08/09	786	0	0
42	5 21.5 IMAC COMPUTERS	3/23/10	6,274	0	0
43	IMAC 27	3/23/10	4,148	0	0
44	SAMSUNG 40 INCH LCD TV	3/31/10	800	0	0
45	HD VIDEO CAMERA	3/31/10	1,200	0	0
46	LIGHT EQUIPMENT	5/24/10	7,537	0	0
47	FURN & EQUIP	2/01/11	27,902	0	0
48	LEASEHOLD IMPROVEMENTS	3/09/12	1,209	0	0
49	SIGNAGE	9/30/11	22,200	1,129	0
50	EQUIPMENT	3/09/12	753	0	0
51	MICROPHONES	7/01/12	5,365	0	0
55	SCANNERS	5/01/13	3,435	0	0
56	LED LIGHTING	6/04/13	4,857	0	0
57	WASHER DRYER	9/27/12	1,249	0	0
58	THEATRE DOOR	2/15/13	1,600	0	0
59	REMODEL	5/23/13	2,439	63	63
			395,711	1,192	63
Other Depreciation:					
1	BUILDINGS	1/01/04	47,194	0	0
6	CARPET/CURTAINS	9/01/05	10,039	0	0
52	LIGHTING	5/01/14	10,042	1,004	1,004
53	AUTO	8/01/14	6,000	0	0
54	PHONE SWITCH	8/01/14	640	0	0
60	FURN & FIX	3/01/15	1,718	172	0
61	EQUIP	2/13/15	1,101	0	0
62	EQUIPMENT	4/01/15	7,846	914	0
63	REFRIGERATOR	6/03/03	1,233	0	0
64	EQUIP	3/31/15	1,718	343	0
	Total Other Depreciation		87,531	2,433	1,004
	Total ACRS and Other Depreciation		87,531	2,433	1,004
	Grand Totals		483,242	3,625	1,067

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95-3819307 **CA Future Depreciation Report FYE: 8/31/20**

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
2	IMPROVEMENTS	1/01/03	144,757	0
3	CAFE DOORS	10/02/03	1,987	0
4	CARPET	9/08/03	1,173	0
5	IMPROVEMENTS	7/01/05	2,411	0
7	MACHINERY AND EQUIPMENT	1/01/00	91,210	0
10	LIGHTING EQUIP	6/30/02	97	0
11	LEKOS	7/01/02	933	0
12	HEADSETS	7/01/02	1,621	0
14	LIGHTING INSTRUMENTS	7/21/03	1,858	0
15	SOUND EQUIP	7/21/03	1,228	0
20	SOUND/LIGHT EQUIP	6/11/04	1,376	0
21	AMPS & PA	7/20/04	1,291	0
22	FIREPROOF FILE CA	9/10/04	614	0
24	THEATRE EQUIP	7/31/05	3,588	0
25	SOUND SYSTEM	1/12/06	12,190	0
26	ARTS MANAGEMENT	11/30/05	23,730	0
27	2 SERVERS/COMPUTERS	12/05/05	2,676	0
29	SERVER/COMP EQUIP	2/23/06	358	0
30	SERVER/COMP EQUIP	3/21/06	676	0
31	BO & ACCT COMPUTER	8/01/99	1,611	0
33	COMPUTER DISPLAY PROJECTO	12/31/07	970	0
34	SERVER	3/24/08	3,120	0
35	BOX OFFICE COMPUTER	6/06/08	632	0
37	CASE STATEMENTS	6/25/08	560	0
38	HOUSE MAIN SPEAKERS	4/29/09	877	0
39	FULL COMPASS SYSTEMS	6/03/09	2,141	0
40	CHIPS	7/09/09	272	0
41	COMPUTER HPp6127c-B	9/08/09	786	0
42	5 21.5 IMAC COMPUTERS	3/23/10	6,274	0
43	IMAC 27	3/23/10	4,148	0
44	SAMSUNG 40 INCH LCD TV	3/31/10	800	0
45	HD VIDEO CAMERA	3/31/10	1,200	0
46	LIGHT EQUIPMENT	5/24/10	7,537	0
47	FURN & EQUIP	2/01/11	27,902	0
48	LEASEHOLD IMPROVEMENTS	3/09/12	1,209	0
49	SIGNAGE	9/30/11	22,200	2,220
50	EQUIPMENT	3/09/12	753	0
51	MICROPHONES	7/01/12	5,365	0
55	SCANNERS	5/01/13	3,435	0
56	LED LIGHTING	6/04/13	4,857	0
57	WASHER DRYER	9/27/12	1,249	0
58	THEATRE DOOR	2/15/13	1,600	0
59	REMODEL	5/23/13	2,439	63
			395,711	2,283
Other Depreciation:				
1	BUILDINGS	1/01/04	47,194	0
6	CARPET/CURTAINS	9/01/05	10,039	0
52	LIGHTING	5/01/14	10,042	1,004
53	AUTO	8/01/14	6,000	0
54	PHONE SWITCH	8/01/14	640	0
60	FURN & FIX	3/01/15	1,718	172
61	EQUIP	2/13/15	1,101	0
62	EQUIPMENT	4/01/15	7,846	914
63	REFRIGERATOR	6/03/03	1,233	0
64	EQUIP	3/31/15	1,718	343
	Total Other Depreciation		87,531	2,433
	Total ACRS and Other Depreciation		87,531	2,433
	Grand Totals		483,242	4,716

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Form **990**

Two Year Comparison Report

For calendar year 2018, or tax year beginning 09/01/18 , ending 08/31/19

2017 & 2018

Name

NORTH COAST REPERTORY THEATRE

Taxpayer Identification Number

95-3819307

			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	1,111,756	961,450	-150,306
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	20,000	20,074	74
	4. Program service revenue	4.	1,609,512	1,959,965	350,453
	5. Investment income	5.	2,581	7,434	4,853
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	-72,730	-78,229	-5,499
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	2,671,119	2,870,694	199,575
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	225,000	233,000	8,000
	16. Salaries, other compensation, and employee benefits	16.	1,285,221	1,332,882	47,661
	17. Professional fundraising fees	17.	1,500		-1,500
	18. Other professional fees	18.	13,008	8,021	-4,987
	19. Occupancy, rent, utilities, and maintenance	19.	153,507	152,246	-1,261
	20. Depreciation and Depletion	20.	11,564	11,883	319
	21. Other expenses	21.	885,039	1,070,814	185,775
	22. **Total expenses.** Add lines 13 through 21	22.	2,574,839	2,808,846	234,007
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	96,280	61,848	-34,432
Other Information	24. Total exempt revenue	24.	2,671,119	2,870,694	199,575
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,612,093	1,967,399	355,306
	27. Total assets	27.	1,043,116	1,220,919	177,803
	28. Total liabilities	28.	789,565	909,471	119,906
	29. Retained earnings	29.	253,551	311,448	57,897
	30. Number of voting members of governing body	30.	20	20	
	31. Number of independent voting members of governing body	31.	20	20	
	32. Number of employees	32.	105	127	
	33. Number of volunteers	33.			

Form **990** | **Tax Return History** | **2018**

Name: NORTH COAST REPERTORY THEATRE

Employer Identification Number: 95-3819307

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	842,972	861,620	977,691	1,131,756	981,524	
Membership dues						
Program service revenue	1,535,139	1,598,505	1,681,368	1,609,512	1,959,965	
Capital gain or loss						
Investment income	107	157	148	2,581	7,434	
Fundraising revenue (income/loss)	36,150	-42,012	-77,906	-72,730	-78,229	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	2,414,368	2,418,270	2,581,301	2,671,119	2,870,694	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	79,667	183,000	216,433	225,000	233,000	
Other compensation	1,033,354	1,000,279	1,113,593	1,285,221	1,332,882	
Professional fees	10,812	16,981	16,357	14,508	8,021	
Occupancy costs	196,760	187,167	156,205	153,507	152,246	
Depreciation and depletion	12,103	10,741	9,860	11,564	11,883	
Other expenses	823,308	887,905	1,046,483	885,039	1,070,814	
Total expenses	2,156,004	2,286,073	2,558,931	2,574,839	2,808,846	
Excess or (Deficit)	258,364	132,197	22,370	96,280	61,848	
Total exempt revenue	2,414,368	2,418,270	2,581,301	2,671,119	2,870,694	
Total unrelated revenue						
Total excludable revenue	1,535,246	1,598,662	1,681,516	1,612,093	1,967,399	
Total Assets	700,110	861,570	855,489	1,043,116	1,220,919	
Total Liabilities	697,406	726,669	698,218	789,565	909,471	
Net Fund Balances	2,704	134,901	157,271	253,551	311,448	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST - BANK	$ 7,434					
Total	$ 7,434					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
FEES	$ 731	$ 203	$	$ 528
Total	$ 731	$ 203	$ 0	$ 528

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	$ 29,054	$ 24,697	$ 2,905	$ 1,452
CONCESSION SUPPLIES	15,671	15,671		
DUES	6,627	6,627		
JANITORIAL	5,225	4,703	261	261
REPAIRS	4,836	4,836		
TAXES AND LICENSES	4,501		4,501	
Total	$ 65,914	$ 56,534	$ 7,667	$ 1,713

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CITY OF SOLANA BEACH	$ 4,570
COUNTY OF SAN DIEGO	10,000
CITY OF CARLSBAD	5,504
CONTRIBUTIONS	885,180
SPECIAL THEATRE EVENTS	
Cash Contribution	76,270
Total	$ 981,524

Schedule A, Part III, Line 2(e)

Description	Amount
ADMISSIONS	$ 1,736,802
THEATRE SCHOOL	176,225
CONCESSIONS AND OTHER SUPPORT	46,938
INTEREST - BANK	7,434
SPECIAL THEATRE EVENTS	
Total	$ 1,967,399

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Form 199 Return Summary

For calendar year 2018, or tax year beginning 09/01/2018 , and ending 08/31/2019

95-3819307

NORTH COAST REPERTORY THEATRE

Gross sales / receipts	1,967,399	
Dues from members		
Contributions / grants	981,524	
Total costs		
Expenses	2,882,474	
Excess / (deficit)		66,449
Filing fee	10	
Total payments	0	
Penalties and interest		
Use tax		
Balance due		10
Refund		

Balance Sheet

	Beginning	Ending	Differences
Assets	1,043,116	1,220,919	
Liabilities	789,565	909,471	
Net assets	253,551	311,448	57,897

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Miscellaneous Information

Amended return

Return / extended due date 07/15/20

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MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number

NORTH COAST REPERTORY THEATRE
Name of Organization

987-D LOMAS SANTA FE DRIVE
Address (Number and Street)

SOLANA BEACH CA 92075
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 2070451

Federal Employer I.D. No. 95-3819307

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 09/01/18 ending 08/31/19) list:
Gross annual revenue $ 2,870,694 Total assets $ 1,220,919

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. STMT 1	X	
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8.	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 858-481-2155

Organization's e-mail address BILL@NORTHCOASTREP.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

Signature of authorized officer	SHARON STEIN Printed Name	PRESIDENT Title	Date

RRF-1 (08/2017)

Statement 1 - Form RRF-1, Part B, Line 6 - Governmental Funding

Description	
COUNTY OF SAN DIEGO Community Enhancement Program 1600 Pacific Highway San Diego, CA 92101 (619) 531-4887	$10,000
CITY OF SOLANA BEACH 635 S Highway 101 Solana Beach, CA 92075 (858) 720-2400	$10,000

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Date Accepted _____ DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2018**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: NORTH COAST REPERTORY THEATRE

Identifying number: 95-3819307

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,948,923
2 Total gross income (Form 199, line 8)	2	2,948,923
3 Total expenses and disbursements (Form 199, Line 9)	3	2,882,474

Part II Settle Your Account Electronically for Taxable Year 2018

4 ☐ Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

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Sign Here ◆ _____ 02/04/20 ◆ PRESIDENT

Signature of officer | Date | Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ◆ ALICIA M. OWENS | Date 02/04/20 | Check if also paid preparer ☐ | Check if self-employed ☒ | ERO's PTIN P01212923

Firm's name (or yours if self-employed) and address ◆ A.M. OWENS & CO., CPA, APC
9880 N MAGNOLIA AVE # 188
SANTEE CA

FEIN 45-4128534

ZIP code 92071

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ◆ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ◆ | FEIN | ZIP code

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**

S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

— — DETACH HERE — — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — — — DETACH HERE — —

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2018**

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM **3586 (e-file)**

2070451 NORT 95-3819307 000000000000 18 FORM 3
TYB 09-01-2018 TYE 08-31-2019
NORTH COAST REPERTORY THEATRE

987-D LOMAS SANTA FE DRIVE
SOLANA BEACH CA 92075

(858) 481-2155

Amount of Payment 10.

TAXABLE YEAR **2018**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 09/01/2018 , and ending (mm/dd/yyyy) 08/31/2019 .

Corporation/Organization name: NORTH COAST REPERTORY THEATRE

California corporation number: 2070451

Additional information. See instructions.

FEIN: 95-3819307

Street address (suite or room): 987-D LOMAS SANTA FE DRIVE

PMB no.:

City: SOLANA BEACH

State: CA

Zip code: 92075

Foreign country name | Foreign province/state/county | Foreign postal code

A First Return ..... [ ] Yes [X] No

B Amended Return ..... ● [ ] Yes [X] No

C IRC Section 4947(a)(1) trust ..... [ ] Yes [X] No

D Final Information Return?
● [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other

F Federal return filed? (1) ● [ ] 990T (2) ● [ ] 990PF (3) ● [ ] Sch H (990)
(4) [ ] Other 990 series

G Is this a group filing? See instructions ..... ● [ ] Yes [X] No

H Is this organization in a group exemption ..... [ ] Yes [X] No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● [ ] Yes [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● [ ] Yes [X] No

K Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources ..... $

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required. ..... ● [ ]

M Is the organization a Limited Liability Company? ● [ ] Yes [X] No

N Did the organization file Form 100 or Form 109 to report taxable income? ..... ● [ ] Yes [X] No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● [ ] Yes [X] No

P Is federal Form 1023/1024 pending? ..... [ ] Yes [X] No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	1,967,399 00
	2 Gross dues and assessments from members and affiliates ●		2	00
	3 Gross contributions, gifts, grants, and similar amounts received ●		3	981,524 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	2,948,923 00
	5 Cost of goods sold ●	5 00		
	6 Cost or other basis, and sales expenses of assets sold ●	6 00		
	7 Total costs. Add line 5 and line 6		7	00
	8 Total gross income. Subtract line 7 from line 4 ●		8	2,948,923 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	2,882,474 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	66,449 00
Filing Fee	11 Total payments ●		11	0 00
	12 Use tax. See General Information K ●		12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	00
	15 Filing fee $10 or $25. See General Information F		15	10 00
	16 Penalties and Interest. See General Information J		16	00
	17 **Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result ⊙		17	10 00

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.

Signature of officer ◆ | Title: PRESIDENT | Date | ● Telephone: 858-481-2155

Paid Preparer's Use Only

Preparer's signature ◆ ALICIA M. OWENS | Date: 02/04/2020 | Check if self-employed ④ [ ] | ● PTIN: P01212923

Firm's name (or yours, if self-employed) and address ◆ A.M. OWENS & CO., CPA, APC
9880 N MAGNOLIA AVE # 188
SANTEE, CA 92071

● Firm's FEIN: 45-4128534

● Telephone: 619-698-2401

May the FTB discuss this return with the preparer shown above? See instructions ..... ● [X] Yes [ ] No

NORTH COAST REPERTORY THEATRE
95-3819307

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,959,965 00
	2	Interest	2	7,434 00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions)	6	00
	7	Other income. Attach schedule	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,967,399 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 1	11	233,000 00
	12	Other salaries and wages	12	993,329 00
	13	Interest	13	129 00
	14	Taxes	14	00
	15	Rents	15	152,246 00
	16	Depreciation and depletion (See instructions)	16	7,282 00
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 2	17	1,496,488 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,882,474 00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		683,415		780,630
2 Net accounts receivable		18,124		23,957
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 3				49,640
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	515,619		515,619	
b Less accumulated depreciation	(401,590)	114,029	(413,473)	102,146
11 Land				
12 Other assets. Attach schedule. STMT 4		227,548		264,546
13 Total assets		1,043,116		1,220,919
Liabilities and net worth				
14 Accounts payable		56,331		67,024
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 5		733,234		842,447
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		253,551		311,448
22 Total liabilities and net worth		1,043,116		1,220,919

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books	62,498	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 7	47,148
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule STMT 6	51,099	9 Total. Add line 7 and line 8	47,148
6 Total. Add line 1 through line 5	113,597	10 Net income per return. Subtract line 9 from line 6	66,449

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.
◆ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NORTH COAST REPERTORY THEATRE

Employer identification number

95-3819307

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

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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 (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that 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).

Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JO & HOWARD WEINER PO BOX 9631 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Elaine & Leonard Hirsch 1830 AVENIDA DEL MUNDO #1710 CORONADO CA 92118	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Julie & Jay Sarno 7897 SITIO MIRTO CARLSBAD CA 92009	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Hannah Step PO BOX 8997 RANCHO SANTA FE CA 92067	$ 110,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Mandell Weiss Charitable Trust P O Box 221071 San Diego CA 92129	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	Jeffrey Lipinsky 6102 LA Jolla Mesa Dr LA JOLLA CA 92037	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	David & Sherry Winkler 1400 Maiden Ln #1 DEL MAR CA 92014	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Jill Hall 666 Albion St San Diego CA 92106	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	Marilyn & Lou Tedesco PO BOX 9893 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ROGER AND NANCY MOORE PO BOX 2777 RANCHO SANTA FE CA 92067	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	US BANK 5787 CHESAPEAKE CT San Diego CA 92123	$ 14,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	SAM DELUCA 24253 SARADELLA CT MURRIETA CA 92562	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KEN BACA 507 Van Dyke Ave DEL MAR CA 92014	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	JENNY CRAIG 11601 WILSHIRE BLVD LOS ANGELES CA 90025	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	THE SHUBERT FOUNDATION 234 WEST 44TH STREET NEW YORK NY 10036	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	COUNTY OF SAN DIEGO 1600 PACIFIC HIGHWAY #352 SAN DIEGO CA 92101	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	DAVID LAING 18839 BERNARDO TRAILS DR SAN DIEGO CA 92128	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	DENIA AND JOHN CHASE PO BX 8363 RANCHO SANTA FE CA 92067	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PATTY MOISES 3550 OVERPARK RD SAN DIEGO CA 92130	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	CYNTHIA SEEBERG 2009 LEMONBERRY LANE CARLSBAD CA 92009	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	JEANETTE STEVENS 1163 ST HELENA PARK CT SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	LEE & FRANK GOLDBERG PO BOX 300 RANCHO SANTA FE CA 92065	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	ROBERTA BALL 878 VIVA CT SOLANA BEACH CA 92075	$ 5,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	QUALCOMM 5775 MOREHOUSE DR SAN DIEGO CA 92121	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

PRESENT COPY

Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DAVID AND KATHLEEN TANSEY 665 CANYON DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	MOLLI WAGNER 8515 COSTA VERDE BLVD UNIT 1952 SAN DIEGO CA 92122	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	PAM FUSON 769 NARDO RD ENCINITAS CA 92024	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	NATHAN MCCAY 132 OCEAN VIEW AVE DEL MAR CA 92064	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	JOHN AND DIANE KANE 7711 LOOKOUT LANE LA JOLLA CA 92037	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	CITY OF SOLANA BEACH 635 S HWY 101 SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KATHLEEN SLAYTON 3037 KARNES WAY SAN DIEGO CA 92117	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	TOM & BERIT DURLER 3625 ELLIOTT ST SAN DIEGO CA 92106	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	KANDACE BARON 987 LOMAS SANTE FE DR SOLANA BEACH CA 92075	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	RICHARD & CATHY BULLER 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,050	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	JAMIE CARR 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	CYNTHIA & MARTIN DAVIS 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ELIZABETH JOHNSON 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	NORDSON CORPORATION 40 CATAMORE BLVD CONCORD CA 94520	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	JEANNIE & BRUCE NORDSTROM 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	PACIFIC ENT MEDICAL GROUP 6010 HIDDEN VALLEY RD CARLSBAD CA 92011	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	MARY ANN PETREE 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	DON ROTH 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: NORTH COAST REPERTORY THEATRE

Employer identification number: 95-3819307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ANNA & JOHN SCHOOLEY 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	GARY SEGER 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 8,651	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	DAN TRUJILLO 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	RAY & DONNA VANCE 987 LOMAS SANTA FE DR SOLANA BEACH CA 92075	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Form 199, Part II, Line 7 - Other Income

Description	Amount
SPECIAL THEATRE EVENTS	$
Total	$ 0

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California Statements

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
JAY SARNO	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Office of the Pres	2.00	
HANNAH STEP	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Office of the Pres	2.00	
WILLIAM KERLIN	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Managing Director	40.00	106,000
PETER HOUSE	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Director	2.00	
SHARON STEIN	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	President	2.00	
MARILYN TEDESCO	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Director	2.00	
DAVID ELLENSTEIN	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Artistic Director	40.00	127,000
PATRICIA MOISES	987 LOMAS SANTA FE DRIVE					
	SOLANA BEACH	CA	92075	Secretary	2.00	
JOHN WEIL	987 LOMAS SANTA FE DR					
	SOLANA BEACH	CA	92075	Director	2.00	
STEVE CHAPMAN	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director	2.00	
MARION DODSON	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director	2.00	
RICH LEIB	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director	2.00	
SUSAN ROTH	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director	2.00	
MARC TAYER	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Vice President	2.00	
MARTIN DAVIS	987 LOMAS SANTE FE DR					
	SOLANA BEACH	CA	92075	Vice President	2.00	
BERIT DURLER	987 LOMAS SANTA FE DR					
	SOLANA BEACH	CA	92075	Treasurer	2.00	
BEVERLY LIBERMAN	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director	2.00	
HARV KAUFFMAN	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director		
MARINA PASTOR	987 LOMAS SANTA FE					
	SOLANA BEACH	CA	92075	Director		

COPY

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address					
	City	State	Zip	Title	Avg Hrs	Compensation Amount
JUDY WHEATLEY	SOLANA BEACH	CA	92075	Director		
Total						233,000

CLIENT COPY

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	$
SPECIAL THEATRE EVENTS	78,229
EMPLOYEE BENEFITS	208,538
PR TAX EXPENSE	131,015
ACCOUNTING SERVICES	7,290
POSTAGE	18,431
PRINTING	82,448
TRAVEL & MEALS	93,897
UTILITIES	29,054
JANITORIAL	5,225
CONCESSION SUPPLIES	15,671
THEATRE SCHOOL	36,425
CREDIT CARD PROCESSING	58,677
DUES	6,627
MAINSTAGE	239,429
TAXES AND LICENSES	4,501
REPAIRS	4,836
OUTSIDE CONTRACTORS	64,953
ADV & PROMO	220,869
SUPPLIES	30,076
INFORMATION TECH	4,971
ROYALTIES	137,577
INSURANCE	17,018
FEES	731
Total	$ 1,496,488

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Statement 3 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
	$	$ 49,640
Total	$ 0	$ 49,640

Statement 4 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	$ 7,956	$ 7,682
Prepaid Expenses	219,592	256,864
Total	$ 227,548	$ 264,546

Statement 5 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
Deferred Revenue	$ 733,234	$ 842,447
Total	$ 733,234	$ 842,447

Statement 6 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

Description	Amount
Donated services	$ 47,148
UNREALIZED LOSS ON INVESTMENTS	3,951
Total	$ 51,099

Statement 7 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
Donated services	$ 47,148
Total	$ 47,148

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TAXABLE YEAR
2018

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
NORTH COAST REPERTORY THEATRE	2070451

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	SEE STATEMENT 1						7,282	

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15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	7,282

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	7,282
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19							

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
LEASEHOLD IMPROVEMENTS	3/09/12	$ 1,209	$ 1,123	MACRS	7	$ 86	$
SIGNAGE	9/30/11	22,200	13,530	MACRS	10	2,220	
EQUIPMENT	3/09/12	753	699	MACRS	7	54	
MICROPHONES	7/01/12	5,365	4,982	MACRS	7	382	
LIGHTING	5/01/14	10,042	4,360	S/L	10.00	1,004	
AUTO	8/01/14	6,000	4,900	S/L	5.00	1,100	
PHONE SWITCH	8/01/14	640	523	S/L	5.00	117	
REMODEL	5/23/13	2,439	331	MACRS	39	62	
FURN & FIX	3/01/15	1,718	1,203	S/L	5.00	343	
EQUIPMENT	4/01/15	7,846	5,362	S/L	5.00	1,570	
EQUIP	3/31/15	1,718	687	S/L	5.00	344	
Total		$ 59,930	$ 37,700			$ 7,282	$ 0

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