

Return of Organization Exempt From Income Tax

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

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 5/01 , **2016, and ending** 4/30 , **2017**

B Check if applicable:

| | | |
|--|---|---|
| <input type="checkbox"/> Address change | C Arena Theater Association PO Box 611 Point Arena, CA 95468 | D Employer identification number 94-3026410 |
| <input type="checkbox"/> Name change | | E Telephone number 707 882-3272 |
| <input type="checkbox"/> Initial return | | |
| <input type="checkbox"/> Final return/terminated | | |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | | |

F Name and address of principal officer:
Same As C Above

G Gross receipts \$ 358,502.

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.arenatheater.org

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1987 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The mission of Arena Theater is to preserve the historic Arena Theater as a community resource and provide diverse entertainment, education and performing arts to the remote, rural Redwood coastal community.

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 | 9 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 11 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 90 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 164,520. | 78,269. |
| 9 Program service revenue (Part VIII, line 2g) | 245,096. | 221,712. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 187. | 217. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 47,112. | 37,650. |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 456,915. | 337,848. |

| | | |
|---|----------|----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 256. | 180. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 86,279. | 86,514. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,253. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 306,793. | 234,477. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 393,328. | 321,171. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 63,587. | 16,677. |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 546,496. | 615,277. |
| 21 Total liabilities (Part X, line 26) | 132,514. | 184,818. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 413,982. | 430,459. |

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: Mitchell McFarland Date: _____

Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: Jeremiah K. Murphy Preparer's signature: Jeremiah K. Murphy Date: _____

Firm's name: ▶ JEREMIAH K. MURPHY CPA Check if self-employed PTIN: P00171226

Firm's address: ▶ 1102 S MAIN ST STE 1 FORT BRAGG, CA 95437-5319 Firm's EIN: ▶ 91-1788221 Phone no.: (707) 964-6325

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