

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2017** calendar year, or tax year beginning **5/01**, **2017**, and ending **4/30**, **2018**

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

C **Arena Theater Association**
PO Box 611
Point Arena, CA 95468

D Employer identification number
94-3026410

E Telephone number
707 882-3272

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

G Gross receipts \$ **351,325.**

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**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2 Check this box <input type="checkbox"/> 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 2017 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	56
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	78,269.	64,157.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,712.	230,875.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217.	287.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,650.	39,075.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,848.	334,394.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	180.	2,860.
	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)	86,514.	86,995.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,232.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	234,477.	226,057.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	321,171.	315,912.	
19 Revenue less expenses. Subtract line 18 from line 12	16,677.	18,482.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	615,277.	570,310.
	22 Net assets or fund balances. Subtract line 21 from line 20	184,818.	121,369.
		430,459.	448,941.

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