EXTENDED TO MARCH 15, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Inspection

A F	or the	e 2019 calendar year, or tax year beginning $$ MAY $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ending A	PR 30, 2020		
B c	Check if applicable: C Name of organization			D Employer identification number		
	Address ARENA THEATER ASSOCIATION					
	Name chang		Doing business as		94-3026410	
Initial return		Number and street (or P.O. box if mail is not delivered to street address) PO BOX 611	Room/suite	E Telephone number		
returr termi		•		707 882-3272 G Gross receipts \$ 314,555.		
ated Amer		City or town, state or province, country, and ZIP or foreign postal code POINT ARENA, CA 95468		G Gross receipts \$		
Application pendi				H(a) Is this a group re		
		1		for subordinates? Yes X No H(b) Are all subordinates included? Yes No		
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () $\overline{}}$ (insert no.) $\overline{}}$ 4947(a)(1) o	or 527	1 ' '	list. (see instructions)	
		te: ► WWW.ARENATHEATER.ORG	01 327	H(c) Group exemptio	` ,	
		forganization: Corporation Trust X Association Other	I Vear		State of legal domicile; CA	
	art I	Summary	L TGai	or tormation. ±507 N	n State of legal dofficile. C21	
	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF ARENA THEATER IS				
Se	'	TO PRESERVE THE HISTORIC ARENA THEATER AS A COMMUNITY RESOURCE AND				
nan	2	Check this box if the organization discontinued its operations or dispos				
Activities & Governance	3			3	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			12	
	6	Total number of volunteers (estimate if necessary)			0	
		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.	
ď		Net unrelated business taxable income from Form 990-T, line 39			0.	
Revenue				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		249,764.	106,069.	
	9	Program service revenue (Part VIII, line 2g)		172,644.	155,955.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		338.	343.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,596.	29,788.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		456,342.	292,155.	
Net Assets or Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		344.	476.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		77,633.	94,149.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) 9,35				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		400,287.	216,317.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		478,264.	310,942.	
	19	Revenue less expenses. Subtract line 18 from line 12		-21,922.	-18,787.	
			Be	ginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)		527,774. 100,755.	468,259.	
	1	Total liabilities (Part X, line 26)		427,019.	75,923. 392,336.	
_	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		427,019.	392,330.	
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the hest of my	knowledge and helief it is	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
., .,	00110	And completes becauted of property (constraint of most) to become an information of min	ion proparor	The unit knowledge.		
Sign Here		Signature of officer		Date		
		DEAN FERNANDEZ, TREASURER				
		Type or print name and title				
Paid Preparer Use Only		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
				1/11/21 self-employed P01213090		
		Firm's name JJACPA, INC.			26-4137155	
		Firm's address 7080 DONLON WAY, SUITE 204				
		DUBLIN, CA 94568		Phone no. 92	55566200	
May the IRS discuss this return with the preparer shown above? (see instructions)						