ARIEL ARIEL THEATRICAL INC 77-0237961 ph:831-775-0976 Platform Version: 20.3.4 Federal Version: 20.3.9

Federal Diagnostics

Prepared by: JOHN E. LAVORATO 07/25/2022 03:22 PM Francesca Murphy

Critical Messages	
None	
Electronic Filing	
None	
Informational Messages	
Force field entered with data "848,673" on Screen Bal-2 Historical Report (990 Return) does not display 2021 column if Tax Projection has a Form 8868 for Form 990/990-EZ extension previously printed; verify extended due 990, Part III total program service revenue does not match 990, Part VIII, line 2g to Preparer 'JOHN E. LAVORATO', Reviewer 'John Lavorato', Staff 'Diana Snell'	date in Screen Ext
Missing Data	
	Prior Year Data
Functional Expenses	
☐ M/G other fees	7,603
General Options, Prior Year Revenue and Expenses, Penalties	
☐ Prior year investment rev	1
Balance Sheet - Assets	
☐ Savings - EOY	76,136
Balance Sheet - Liabilities and Equity	
☐ With restrictions - BOY	33,625
Event To Do	
Event Name	
4. Needs Info	

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning 11/01/20, and ending 10/31/21

77-0237961

ARIEL THEATRICAL INC

Net Asset / Fund Balance at Begin	ning of Year		-	932,892
Revenue				
Contributions	2	60,761		
Program service revenue		72,672		
Investment income		<u>,_,_,</u>		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue		<u>_</u>	333,433	
Expenses			<u> </u>	
Program services	1	45,828		
Management and general		51,454		
Fundraising				
Total expenses			397,282	
Excess / (deficit)				-63,849
Changes			_	-20,370
Not Appet / Fund P	alance at End of Year			848,673
Reconciliation of F			Reconciliation of	
Total revenue per financial statements		Total expense	es per financial stateme	nts
Less:		Less:		
Unrealized gains		Donated	services	
Donated services		Prior year	adjustments	
Recoveries		Losses		
Other		Other		
Plus:		Plus:		
Investment expenses		Investme	nt expenses	
Other		Other		
Total revenue per return	333,433	Total	expenses per return	397,282
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	1,156,011	1,073,027		
Liabilities	223,119	224,354		
Net assets	932,892	848,673		<u>219</u>
	Miscellaneous In	nformation		
	Amended return	_	_	
	Return / extended due date	09/15/22	<u> </u>	
	Failure to file penalty		_	

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LAVORATO & DARLING, INC. 246 CAPITOL ST SALINAS, CA 93901-2625 831-422-9083

ARIEL THEATRICAL INC

2020

Exempt Organization Returns

July 25, 2022

CONFIDENTIAL

ARIEL THEATRICAL INC 320 S MAIN ST SALINAS, CA 93901-3101

Dear:

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. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

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,

LAVORATO & DARLING, INC.

Filing Instructions

ARIEL THEATRICAL INC

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended October 31, 2021

Federal Filing Instructions

Your Form 990 for the year ended 10/31/21 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:

LAVORATO & DARLING, INC. 246 CAPITOL ST SALINAS, CA 93901-2625

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 10/31/21 shows no balance due.

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 LAVORATO & DARLING, INC. 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 10/31/21 shows a balance due of \$75. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$75. Write "E.I.N.

ARIEL 07/25/2022 3:22 PM Pg 6										
77-0237961, RRF-1 Balance Due for the year ended 10/31/21" on the check. Mail the return by September 15, 2022 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.										

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

11/01 , 2020, and ending 10/31, 20 21 For calendar year 2020, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

Name of exempt organization or person subject to tax ARIEL THEATRICAL INC 77-0237961 Name and title of officer or person subject to tax DIANA LAVORATO SNELL CO-TREASURER Type of Return and Return Information (Whole Dollars Only) Part I 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. 5a. 6a. or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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. X _b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 333,433 1a Form 990 check here ▶ **b** Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ _____ b Total tax (Form 1120-POL, line 22) _____ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here ▶ 7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above organization or | | I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN as my signature FRO firm name do not enter all zeros on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 77586493907 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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.

> 06/17/22 JOHN E. LAVORATO

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

ERO's signature

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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.

2020
Open to Public Inspection

<u>A</u>	For the	е 2020 с		r tax year beginning 1:	1/01/20) , and ending	10/31/	21				
В	Check if a	applicable:	C Name of organiza	ation					D Employ	er identification	on number	
	Address o	change		ARIEL THE	ATRICAL	INC						
	Name cha	ange	Doing business as							<u> </u>	51	
$\overline{}$	Initial rate		Number and stree	et (or P.O. box if mail is not delivere	ed to street addre	ess)		Room/suite	E Telepho	one number		
\Box	Initial retur			e or province, country, and ZIP or fo	oreign postal cod	le .						
	terminated				0 .				- 0		222	422
	Amended	return	SALINAS F Name and address	ss of principal officer:	CA 9390	1-3101			G Gross re	eceipts \$	333	<u>,433</u>
$\overline{\Box}$	Annlicatio	on pending						H(a) Is this a	group return for	subordinates?	Yes	X No
ш	присаво	on ponding		IGGINBOTHAM				11/1-> 4 "			Yes	No
				MAIN ST.					ubordinates in	ciuaea? t. See instructio		NO
			<u>SALINAS</u>		CA	93901		II "N	o," attach a iis	t. See instruction	ons	
<u> </u>	Tax-exer	mpt status:	X 501(c)(3)		(insert no.)	4947(a)(1) or	527					
J	Website	e: ► W		THEATRICAL.O	<u>RG</u>			H(c) Group e		ber 🕨		
K	Form of o	organization:	X Corporation	Trust Association	Other >		L	Year of formation:	<u> 1989</u>	M State of	legal domicile	e:
P	art I		ımmary									
	1 6	Briefly de	scribe the organ	nization's mission or most	significant ac	tivities:						
ø		SEE	SCHEDULE (0								
anc												
Activities & Governance												
Š	2 (Check thi	is box ▶ if th	ne organization discontinue	ed its operati	ons or disposed of	of more than 25	5% of its net a	ssets.			
ტ ფ	1 8	Number o	of voting membe	ers of the governing body (Part VI, line 1	1a)			3	11		
Se				oting members of the gove						11		
Ę				ils employed in calendar y						11		
Ę				rs (estimate if necessary)					_	0		
⋖				revenue from Part VIII, co								0
				axable income from Form 9								0
	D1	ivet uniter	ateu business ta	axable income nom romis	990-1, 1 ait i,	IIIIC 11		Prior Y		Cı	irrent Year	
	8 (Contribut	ions and grants	(Part VIII, line 1h)				25	66,553	3	260,	761
nue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)								96,730			672
Revenue				VIII, column (A), lines 3, 4				•	,,,,,,,			0
å	11 (Other rev	enue (Part VIII i	column (A), lines 5, 6d, 8d	., a 10,	d 11e)						
				8 through 11 (must equal				31	53,283	2	333,	433
				nts paid (Part IX, column (<i>, 202</i>	,	, ,	0
				embers (Part IX, column (A	() !! 4\							0
	45 0			ation, employee benefits (F				21	10,685	•	228,	
xpenses	160			fees (Part IX, column (A), l				2.	10,000	,	220,	_
en	loar				- 05\ >							0
Ä	47			es (Part IX, column (D), lin				1 6	-0 -000		1.00	CEO
				column (A), lines 11a-11c					58,680		168,	
				s 13–17 (must equal Part I					<u>59,365</u>		<u>397,</u>	
<u> g</u>		Revenue	less expenses.	Subtract line 18 from line	12			Beginning of C	L6,082		<u>– 63</u> , nd of Year	849
Net Assets or	20 -	Total acc	ets (Part X, line	16)			ŀ		56,011		,073,	027
Asse	24 -		ilities (Part X, line	00)				•	23,119		,073, 224,	
et (22 1		•	ces. Subtract line 21 from					32,892		848,	
	•				iine 20			93	02,092	<u> </u>	040,	6/3
-	Part II		gnature Bloc									
				hat I have examined this retur on of preparer (other than offi						knowledge at	na bellet, it	IS
	40, 00110	T &	omploto: Boolaratio	on or proparor (other than on	1001) 10 54004 0	on an information of	Willow proparer	nao any knowie				
٠.		 										
Sig	-	S	ignature of officer						Date	е		
He	re	-		AVORATO SNELL	<u>.</u>		CO-TR	EASURER	L			
		<u> </u>	ype or print name and	d title	T							
_		Print/Type	e preparer's name		Preparer's sign	nature		Date	Chec	k if P7	ΓIN	
Pai		JOHN E	. LAVORATO		JOHN E. L	AVORATO		07/2	5/22 self-e	employed P	0084973	9
	parer	Firm's nar	me L. 2	AVORATO & DAR	RLING,	INC.			Firm's EIN ▶	94-	25570	084
Use	e Only		24	46 CAPITOL ST	1							
		Firm's add			3901-2	625			Phone no.	831-	422-9	9083
Ma	y the IR			n the preparer shown abov				- 1			X Yes	

	2020) ARIEL THEATRICAL INC	77-0237961 Page 2	_
Part III		line in this Part III	
4 Delet	Check if Schedule O contains a response or note to any	line in this Part III	_
	y describe the organization's mission: SCHEDULE O		
بتبند	SCHEDOLE O		
*			
2 Did t	ne organization undertake any significant program services during the year	which were not listed on the	
prior	Form 990 or 990-EZ?	Yes X No	
If "Ye	es," describe these new services on Schedule O.		
	ne organization cease conducting, or make significant changes in how it cor		
servi	ces?	Yes X No	
	es," describe these changes on Schedule O.	- land the second secon	
	ribe the organization's program service accomplishments for each of its thronses. Section 501(c)(3) and 501(c)(4) organizations are required to report the		
	otal expenses, and revenue, if any, for each program service reported.	le amount of grants and anocations to others,	
uie u	oral expenses, and revenue, if any, for each program service reported.		
4a (Cod	e:) (Expenses \$ 120,621 including grants of	\$) (Revenue \$)
ARIE YOUN	L THEATRICAL SEEKS TO USE THE ART AND IG PEOPLE TO UNDERSTAND THAT PERSONAL APPECTANCE OF RESPONSIBILITY FOR CHOICE	D DISCIPLINE OF THEATRE TO INSPIRE INTEGRITY, RESPECT FOR OTHERS AND	
	(ATDIED 1110 DDAD!!AMT!! TTE		
4b (Cod	e:) (Expenses \$ including grants of	\$) (Revenue \$)
N/A		· · · · · · · · · · · · · · · · · · ·	•
4c (Cod	e:) (Expenses \$ including grants of	\$) (Revenue \$)
N/A			

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

(Expenses \$

25,207 including grants of \$) (Revenue \$

4e Total program service expenses ▶

145,828

Form 990 (2020) ARIEL THEATRICAL INC 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	- V
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
7	alastics in effect during the touring of IV/as II asymptote Caleadyla C. Bart 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		х
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? <i>If</i>			
	"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? <i>If</i> "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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		X
12a	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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? <i>If "Yes," complete Schedule H</i>	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

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			
00	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			
	omployoos 2 If "Vas." complete Schedule I	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2-7u	\$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		
С	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		v
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "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? <i>If "Yes,"</i>	31		
52	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		- 21
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
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	
Pa	art 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			
	l I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 3			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	<u> </u>
DAA		Fo	m 990	J (2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 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)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 X If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) ARIEL THEATRICAL INC Page 6 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 on 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 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 6 X 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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 on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X 16a 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

Section C. Disclosure

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

organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

- 19 Describe on 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records >

EILEEN GROVES

320 S MAIN STREET

SALINAS

CA 93901-3101 831-775-0976

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. See instructions for the order in which to list the persons above.

K 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	bo	x, unle	Pos check ess pe	rson i	than one s both an r/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	— (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) GAIL HIGGINBOTH									
	0.00								
ARTISTIC DIR	0.00	X					0	0	0
(2) DIANE CHATWIN	0.00								
	0.00			٠,					
TRUSTEE (3) GABRIELA LOPEZ (0.00 CHAVEZ			X			0	0	0
(3) GABRIELA LOPEZ (0.00								
TRUSTEE	0.00			х			0	0	0
(4) MICHAEL DIFRANCO				Λ			0	0	0
(") FITCHALL DIFFUNC	0.00								
CHAIRMAN	0.00	1		х			0	0	0
(5) ANDREA HAYES	0.00								
	0.00								
SECRETARY	0.00	•		Х			0	0	0
(6) FRANK KRAGH									
	0.00								
TRUSTEE	0.00			X			0	0	0
(7) JOHN LAVORATO									
	0.00								
CO-TREASURER	0.00			X			0	0	0
(8) ANGELA LAVORATO									
	0.00								
TRUSTEE	0.00			X			0	0	0
(9) BECKY MCDILL	0.00								
	0.00							_	
TRUSTEE	0.00			X			0	0	0
(10) JACQUELINE VAN 1	0.00								
TRUSTEE	0.00			х			0	0	0
(11) TORI RODRIGUES	0.00			^		++		0	0
(, TOKI KODKIGOES	0.00								
TRUSTEE	0.00			х			0	o	0
		-	1				<u>'</u>	<u> </u>	Form 990 (2020)

<u>rai</u>	[VII Section A. Officers	, Directors, Tru	3166	5, N	ey 🗅	mpi	uyee	ъ, а	ilu nigilesi compensatet	Linployees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a d	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	c	(F) timated of oth compens from t	amount er ation he	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizati ed orga	on and nizations	5
(12		1.00												
<u>co-</u>	TREASURER	1.00			X				0	0				0
1b c d	Subtotal Total from continuation she Total (add lines 1b and 1c)							>						
2	Total number of individuals (ir reportable compensation from	-		d to	thos	e lis	ted a	bov	re) who received more than	1 \$100,000 of				
3	Did the organization list any fo	ormer officer, dire	ecto	r, tru					ee, or highest compensate	d			Yes	No
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related organization	e 1a, is the sum	of re	port	able	com	pens	atio				3		<u> </u>
5	individual Did any person listed on line of for services rendered to the or	la receive or acc	rue (comp	ens	atior	n fron	n an		r individual		5		x x
	on B. Independent Contracto			المحاد	المامات					than \$400,000 of				
1	Complete this table for your fi compensation from the organ	ization. Report co							dar year ending with or with	nin the organization's tax y	ear.		(C)	
	Name and	(A) I business address							Descrip	(B) otion of services		Со	(C) mpensat	ion
2	Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2020) ARIEL THEATRICAL INC

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

		OHOOK II	0011	cadic o conta	JII 10 C	псоро	1100 01 110	e to arry line in ti	115 T GIT VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S					Ι.						
ant		Federated camp			1a			_			
5 <u>2</u>		Membership due			1b			_			
Ą,		Fundraising ever			1c						
<u>≅</u> ≅	d	Related organiza	ations		1d						
Ξ,œ	е	Government grants (cor	ntributio	ns)	1e						
อีร	f	All other contributions,	gifts, gra	nts,							
		and similar amounts no	t include	ed above	1f		260,76	1			
50	a	Noncash contributions i	ncluded	in lines 1a-1f	1g	\$	•				
Contributions, Gifts, Grants and Other Similar Amounts	·	Total. Add lines			•			260,761			
							Business Co				
<i>a</i> >	2a	PROGRAM REV	7E'NITTE	•				72,672	72,672		
Š	b							.=,			
Ser	C										
ž a											
Program Service Revenue	d										
7	e										
		All other progran						70 676			
		Total. Add lines						72,672	2		T T
	3	Investment incor	•	Ū	•	•					
	_	other similar amo									
	4	Income from inve									
	5	Royalties									
				(i) Real		(ii)) Personal	_			
	6a	Gross rents	6a					_			
	b	Less: rental expenses	6b					_			
	С	Rental inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from	e or (I	oss)	<u></u>	<u> </u>	<u></u>				
	<i>i</i> a	sales of assets		(i) Securities		((ii) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
er	d	Net gain or (loss)				>				
ਰੋ		Gross income from									
		(not including \$									
		of contributions rep	orted c	on line 1c).							
		See Part IV, line 18			8a						
	b	Less: direct expe	enses		8b						
	С	Net income or (lo	oss) fr	om fundraising e	events		>				
	9a	Gross income from	gamin	g activities.							
		See Part IV, line 19)		9a						
	b	Less: direct expe			9b						
		Net income or (lo			/ities .						
		Gross sales of in									
		returns and allow		-	10a						
	b	Less: cost of goo			10b						
		Net income or (lo					>				
s			,				Business Cod	е			
no e	11a										
scellaneous Revenue	b										
e Sel	c										
	d	All other revenue									
Σ	e	Total. Add lines									
	12	Total revenue.						333,433	72,672	0	0

Form 990 (2020) ARIEL THEATRICAL INC

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,				
·	trustage and key employees				
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	011	211,436		211,436	
7	Other salaries and wages	ZII,430		211,430	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17 100		17 400	
10	Payroll taxes	17,188		17,188	
11	Fees for services (nonemployees):				
а	Management				
b	<u> </u>				
С	Accounting	5,040		5,040	
d					
е	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.)	7,979	7,979		
12	Advertising and promotion	1,176	687	489	
13	Office expenses	7,214		7,214	
14	Information technology				
15	Royalties	1,592	1,592		
16	Occupancy	·			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,961	2,709	7,252	
21	Payments to affiliates		,	•	
22	Depreciation, depletion, and amortization	74,447	74,447		
23	Insurance	8,522	8,522		
24	Other expenses. Itemize expenses not covered	-,	-,		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RENT/STORAGE EXPENSES	18,612	18,612		
b	FACILITY RENTAL FEE	13,060	13,060		
	UTILITIES	12,187	12,187		
q	• • • • • • • • • • • • • • • • • • • •	4,740	4,740		
d	PROGRAM EXP			2 025	
e 25	All other expenses	4,128	1,293	2,835	^
25 26	Total functional expenses. Add lines 1 through 24e	397,282	145,828	251,454	0
20	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 (B) (A) Beginning of year End of year 152,553 94.081 1 Cash—non-interest-bearing Savings and temporary cash investments 76,136 2 2 Pledges and grants receivable, net 3 3 1,896 21,151 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 414 8 414 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,138,344 b Less: accumulated depreciation 10b 1,239,435 981,691 10c 898,909 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 1,785 Intangible assets 14 14 Other assets. See Part IV, line 11 15 8 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,073,027 16 1,156,011 16 Accounts payable and accrued expenses 8.716 17 3,546 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 214,153 24 220,807 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 250 25 Total liabilities. Add lines 17 through 25 223,119 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 932,892 27 848,673 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 932,892 848,673 32 Total net assets or fund balances Total liabilities and net assets/fund balances 1,156,011 1,073,027

Form **990** (2020)

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form 990 (2020)

3a

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.

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

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization ARIEL THEATRICAL INC 77-0237961 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 1 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E)

Page 2

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	176,339	121,775	287,185	256,553	260	761	1,102,613
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	176,339	121,775	287,185	256,553	260	,761	1,102,613
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							1,102,613
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
7	Amounts from line 4	176,339	121,775	287,185	256,553	260	,761	1,102,613
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	282						282
9	Net income from unrelated business activities, whether or not the business is regularly carried on	885						885
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							1,103,780
12	Gross receipts from related activities, etc.	(see instructions)					12	626,103
13	First 5 years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)		
	organization, check this box and stop here							>
Sec	tion C. Computation of Public Su	• •						
14	Public support percentage for 2020 (line 6	, column (f) divided	by line 11, colum	n (f))			14	99.89%
15	Public support percentage from 2019 Sche	edule A, Part II, line	e 14				15	99.81%
16a	33 1/3% support test—2020. If the organi	zation did not chec	k the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this		
	box and stop here . The organization quali							<u>x</u>
b	33 1/3% support test—2019. If the organi				5 is 33 1/3% or mo	ore, check		. \Box
	this box and stop here . The organization of							▶ ∐
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa organization							▶ □
b	10%-facts-and-circumstances test—201	9. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line		
	15 is 10% or more, and if the organization				-			
	in Part VI how the organization meets the organization							> [
18	Private foundation. If the organization dicinstructions	l not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	ee		. \square

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Schedule A (Form 990 or 990-EZ) 2020

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.)

_	in the organization rails to	quality arraor t	ine teete neteu k	polow, ploado o	ompioto i ait ii	•/	
	tion A. Public Support		1	I	I	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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						
	Add lines 7a and 7b	<u> </u>					
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(0) = 0 : 0	(11)	(0, =0.10	(,	(0) = 0 = 0	(-)
l0a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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.)						
4	First 5 years. If the Form 990 is for the org	-	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						> L
	tion C. Computation of Public Su	• •				11	
5	Public support percentage for 2020 (line 8						<u>%</u>
6 Sec	Public support percentage from 2019 Schettion D. Computation of Investme					16	<u>%</u>
7	Investment income percentage for 2020 (li			3 column (f))		17	%
	Investment income percentage for 2019 S		III line 47			40	
	33 1/3% support tests—2020. If the organ						,0
	17 is not more than 33 1/3%, check this bo						> 🗌
b		-	-				
	line 18 is not more than 33 1/3%, check th						▶ 🗌
20	Private foundation. If the organization did		_			-	

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

S

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	INU
•	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)? <i>If</i> "Yes," answer			
	lines 3b and 3c 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		
С	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.	3с		
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		
С	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 lines 5b and 5c 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		
С	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		
С	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.	9с		
l0a	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 line 10b below.	10a		

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.)

Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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. Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 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 By reason of the relationship described in line 2, above, 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 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а 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. С The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Did the activities described in line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a

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.

Schedi Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org.	anizat		961 Page 6		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			See		
	instructions. All other Type III non-functionally integrated supporting organizations must	st comp	lete Sections A through E			
Sect	ion 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) Cu						
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	a Average monthly value of securities 1a					
b	Average monthly cash balances					
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C – Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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			

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Sect	Current Year						
1							
2	Amounts paid to supported organizations to accomplish exempt purpose Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity	• • • • • • • • • • • • • • • • • • • •					
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations					
4	Amounts paid to acquire exempt-use assets	-					
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)					
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 organizations	ation is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required–explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	d From 2018						
е	e From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
			Schedule A	A (Form 990 or 990-EZ) 2020			

Schedule A (For	m 990 or 990-EZ) 2020	ARIEL 1	HEATRICAL	INC		77-0237961	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	ormation. Pro Section A, lin ort IV, Section line 1; Part V	ovide the explana les 1, 2, 3b, 3c, 4 la C, line 1; Part IV /, Section B, line	ations requi 4b, 4c, 5a, 0 V, Section I 1e; Part V,	ired by Part II, line 10; 6, 9a, 9b, 9c, 11a, 11b D, lines 2 and 3; Part Section D, lines 5, 6, nformation. (See instr	Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,

77-0237961

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.

Open to Public

OMB No. 1545-0047

2020 Inspection

Name	of the organization		Employer identification number			
	RIEL THEATRICAL INC		77-0237961			
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	inds or Other Similar Funds or Form 990 Part IV line 6	r Accounts.			
	Complete it the organization anowored 100 on	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	` '	(2) : a.i.a. a.i.a cai.a. acceaii.a			
2	Total number at end of year 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 the	at the assets held in donor advised				
·	funds are the organization's property, subject to the organization's exc		Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in					
	only for charitable purposes and not for the benefit of the donor or dor					
			Yes No			
Pa	art 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 (chec	k all that apply).				
	Preservation of land for public use (for example, recreation or edu	cation) Preservation of a historical	lly important land area			
	Protection of natural habitat	Preservation of a certified	historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a con	serva <u>tion</u>			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7/25	i/06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organize	zation during the			
	tax year ▶					
4	Number of states where property subject to conservation easement is					
5	Does the organization have a written policy regarding the periodic more					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	n easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation eas	ements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B				
	. , , , , ,					
9	In Part XIII, describe how the organization reports conservation easen	•				
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	t describes the			
_	organization's accounting for conservation easements.	III. (01			
Pa	art III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		r Similar Assets.			
12	If the organization elected, as permitted under FASB ASC 958, not to		ance sheet works			
ıa	of art, historical treasures, or other similar assets held for public exhib					
b	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 FASB ASC 958, to report in its revenue statement and balance sheet works of					
~	art, historical treasures, or other similar assets held for public exhibition					
	provide the following amounts relating to these items:	, 1110000 in in initialities				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical treasures, o					
-	following amounts required to be reported under FASB ASC 958 relati		provide tile			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
a h	Assets included in Form 990, Part Y					

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Pa	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Other Sim	ilar A	ssets	(continue	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	n, and other records	s, check any of the	following that m	nake significant u	se of it	S			
а	Public exhibition	d 🗍	Loan or exchange p	orogram						
b	Scholarly research	е 🗍	Other	_						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization	s exempt purpose	e in Pa	rt			
-	XIII.			g			-			
5	During the year, did the organization solicit or	receive donations of	of art_historical trea	sures or other	similar					
•	assets to be sold to raise funds rather than to		•					Yes		No
Pa	rt IV Escrow and Custodial Arra		art or the organizati	ion a concenient	•			103		
	Complete if the organization 990, Part X, line 21.	•	' on Form 990, F	Part IV, line 9	9, or reported	an an	nount o	on Form		
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other asse	ts not					
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
		·	· ·					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo	rm 990 Part X line	21 for escrow or c	ustodial accour	nt liability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.								Н	
	rt V Endowment Funds.	CHOCK HOLD II LIIO C	tpianation nad book	- provided cirr						
	Complete if the organization	answered "Yes"	on Form 990. F	Part IV. line	10.					
		(a) Current year	(b) Prior year	(c) Two yea		ree year	s back	(e) Four y	ears ba	ack
12	Beginning of year balance	(-,	(1)	(1)	(1)	,,,,,,		(4, 22)		
	Contributions Not investment cornings, gains, and									
C	Net investment earnings, gains, and									
	losses									
	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ition that are held a	nd administered	d for the			_		
	organization by:							<u>\</u>	es	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pa	rt VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes"	<u>' on Form 990, I</u>	Part IV, line	11a. See Form	1990	Part >	K, line 10		
	Description of property	(a) Cost or other b	asis (b) Cost	or other basis	(c) Accumulat	ed		(d) Book va	lue	
		(investment)	((other)	depreciation	1				
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed	•	X, column (B), line	10c.)			>			
									_	

Part VII	Investments - Other Securities.	

	Complete if the organization answered "Ye	i	
	(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		
(1) Tinanolar ((2) Closely he	eld equity interests		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶	
Part VIII	Investments – Program Related.	" F 000 Bt IV i	44. Cas Farra 000 Part V line 40
	Complete if the organization answered "Ye (a) Description of investment	i	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	▶	
Part IX	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Descrip		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (h) must squal Form 000. Part V sol (P) line 15		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		P
I all X	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
	income taxes		
(2) OTHER	₹		
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		> 1
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's fir	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Fo	orm 990) 2020	ARIEL T	HEATRICAL	INC	77-0237961	Page 5
Part XIII	Supplemen	ntal Informat	HEATRICAL ion (continued)			
• • • • • • • • • • • • • • • • • • • •					 	
•					 	
• • • • • • • • • • • • • • • • • • • •					 	

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ARIEL THEATRICAL INC	77-0237961
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICA	NT ACTIVITIES
ARIEL THEATRICAL SEEKS TO USE THE ART AND DISCIPLIN	E OF THEATRE TO INSPIRE
YOUNG PEOPLE TO UNDERSTAND THAT PERSONAL INTEGRITY,	RESPECT FOR OTHERS AND
AN ACCEPTANCE OF RESPONSIBILITY FOR CHOICES MADE AR	E THE KEYS TO BUILDING A
PRINCIPLED AND PRODUCTIVE LIFE.	
FORM 990 - ORGANIZATION'S MISSION	
ARIEL THEATRICAL SEEKS TO USE THE ART AND DISCIPLIN	E OF THEATRE TO
INSPIRE YOUNG PEOPLE TO UNDERSTAND THAT PERSONAL IN	TEGRITY, RESPECT FOR
OTHERS AND AN ACCEPTANCE OF RESPONSIBILITY FOR CHOI	CES MADE ARE THE KEYS TO
BUILDING A PRINCIPLED AND PRODUCTIVE LIFE.	
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHM	ENTS
SEE DESCRIPTION UNDER 1ST EXEMPT PURPOSE ACCOMPLISH	MENT.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES	S TO REVIEW FORM 990
A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW	BY THE FINANCE COMMITTE
NO LATER THAN ONE MONTH PRIOR TO THE FILING DEADLIN	E. THEY WILL HAVE NO
MORE THAN TWO WEEKS TO COMPLETE THEIR REVIEW.	
ANY QUESTIONS, COMMENTS OR SUGGESTED REVISIONS WILL	BE DISCUSSED WITH THE
PREPARER OF THE FORM 990. ANY REVISIONS NECESSARY W	ILL BE MADE TO ENSURE
THAT THE FORM 990 IS FILED ON A TIMELY BASIS.	
AFTER FILING THE FORM 990, THE FINANCE COMMITTEE WI	LL MAKE A PRESENTATION
TO THE FULL BOARD OF TRUSTEES REGARDING THEIR REVIE	W OF THE FORM 990.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Employer identification number Name of the organization 77-0237961 ARIEL THEATRICAL INC FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF TRUSTEES SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE FINANCE COMMITTEE WILL REVIEW THEM AND ADVISE THE BOARD OF TRUSTEES OF ANY CONFLICTS THAT NEEDS TO BE RESOLVED. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION SHALL SATISFY ALL THREE PRONGS OF THE REBUTTABLE PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE SECTION 4958 REGARDING THE INTERMEDIATE SANCTIONS: 1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCED BY BOARD OF TRUSTEES. THIS GROUP SHALL BE COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. 2. BOARD OF TRUSTEES SHALL CONTEMPORANEOUSLY DOCUMENT THEIR BASIS FOR MAKING ITS REASONABLE COMPENSATION DETERMINATION AS FOLLOWS: 3. BOARD OF TRUSTEES SHALL CONTEMPORANEOUSLY DOCUMENT THEIR BASIS FOR MAKING ITS REASONABLE COMPENSATIOIN DETERMINATION AS FOLLOWS: - TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED BY THE BOARD OF TRUSTEES. - BOARD OF TRUSTEES PRESENT DURING THE DEBATE ON THE COMPENSATION AMOUNT AND THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT. - DESCRITION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED. - ANY ACTIONS BY THE BOARD OF TRUSTEES HAVING A CONFLICT OF INTEREST (E.G. DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DISCUSSION). - DOCUMENATION OF THE BASIS FOR THE COMPENSATION DETERMINATION BEFORE THE

LATER OF THE NEXT BOARD OF TRUSTEES MEETING OR 60 DAYS AFTER THE FINAL

ACTIONS OF THE AUTHORIZED BODY TAKEN.

Schedule O (Form 990 or 990-EZ) 2020 Employer identification number Name of the organization 77-0237961 ARIEL THEATRICAL INC THE INDIVIDUALS WHOSE COMPENSATION IS BEING DISCUSSED NOT BE PRESENT DURING SUCH DISCUSSIONS. THE REASONABLE COMPENSATION DISCUSSION SHALL BE UNDERTAKEN BY THE BOARD OF TRUSTEES AT LEAST ANNUALLY. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE ORGANIZATION SHALL SATISFY ALL THREE PRONGS OF THE REBUTTABLE PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE SECTION 4958 REGARDING INTERMEDIATE SANCTIONS: 1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCED BY BOARD OF TRUSTEES. THIS GROUP SHALL BE COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. 2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE BOARD OF TRUSTEES RELIED UPON COMPARABILITY DATA (COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION. 3. BOARD OF TRUSTEES SHALL CONTEMPORANEOUSLY DOCUMENT THEIR BASIS FOR MAKING ITS REASONABLE COMPENSATION DETERMINATION AS FOLLOWS: - TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED BY THE BOARD OF TRUSTEES. - BOARD OF TRUSTEES PRESENT DURING THE DEBATE ON THE COMPENSATION AMOUNT AND THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT. - DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED. - ANY ACTIONS BY THE BOARD OF TRUSTEES HAVING A CONFLICT OF INTEREST (E.G.

DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DISCUSSION).

- DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION BEFORE THE

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		tification number
ARIEL THEATRICAL INC	77-023	7961
LATER OF THE BOARD OF TRUSTEES MEETING OR 60 DAYS AFTE	R THE FIN	AL ACTIONS
OF THE AUTHORIZED BODY TAKEN.		
THE INDIVIDUALS WHOSE COMPENSATION IS BEING DISCUSSED	NOT BE PR	ESENT DURING
SUCH DISCUSSIONS.		
THE REASONABLE COMPENSATION DISCUSSION SHALL BE UNDERT	AKEN BY T	HE BOARD OF
TRUSTEES AT LEAST ANNUALLY.		
TODA OOO DADE UT TIME 10 COMPANIA DOCUMENTO DECL	OGUDE EVD	T 3313 TT C31
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCL	OSURE EXP	LANATION
COPIES OF THE DOUCMENTS ARE PROVIDED UPON REQUEST.		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET	'S EXPLANA	TION
BOOK / TAX DEPRECIATION DIFFERENCE	\$	19,349
	PAGE 3	OF 3

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

Identifying number

	ARIEL '	THEATRICAL	INC			77-	<u>023</u>	7961
Busin	ess or activity to which this form relates	s						
	NDIRECT DEPRECIAT							
Pa	-	•	erty Under Section			_		
			, complete Part V be	etore you c	omplete Part	l.		4 242 222
1	Maximum amount (see instruction						1	1,040,000
2	Total cost of section 179 property						2	0 500 000
3	Threshold cost of section 179 pro						3	2,590,000
4	Reduction in limitation. Subtract li						4	
5	Dollar limitation for tax year. Subtract lii (a) Descriptio			ng separately, s ost (business use		Elected cost	5	
6	(a) Descriptio	птогргоретту	(b) C(ost (business use	only) (c)	Elected Cost		
7	Listed property. Enter the amount	from line 20			7			
8	Total elected cost of section 179	nroperty Add amount	e in column (c) lines 6 a	 nd 7			8	
9	Tentative deduction. Enter the sm						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below							
Pa	rt II Special Depreciat	ion Allowance a	nd Other Depreciat	ion (Don't	include listed	propert	y. Se	e instructions.)
14	Special depreciation allowance fo							,
	during the tax year. See instruction	ons					14	25,136
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACF						16	
Pa	art III MACRS Depreciat	tion (Don't includ	e listed property. Se	e instructio	ns.)			
			Section A					
17	MACRS deductions for assets pla	aced in service in tax y	ears beginning before 20	020			17	49,016
18	If you are electing to group any assets place							
	Section B—A		vice During 2020 Tax Y	ear Using the	e General Depre	ciation S	ystem	<u> </u>
	(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) Meth	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs.	2424	S/L		
h	Residential rental property			27.5 yrs.	MM	S/L		
	<u> </u>	06/01/01	C 05	27.5 yrs.	MM	S/L		
ı	Nonresidential real property	06/01/21	6,854		MM	S/L		66
	· · ·	07/06/21	634		MM Alternative Den	S/L		<u>5</u>
200	Class life	Sets Flaceu III Servi	ce During 2020 Tax Yea	u osing the	Hiternative Dep	reciation S/L		
		-		12 yre		S/L		
	12-year 30-year			12 yrs. 30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
	art IV Summary (See ins	etructions \		40 yis.	IVIIVI	3/L		
							21	
21 22	Listed property. Enter amount from Total. Add amounts from line 12,		nes 19 and 20 in column	(a) and line			<u> </u>	
	here and on the appropriate lines	-		. • ,			22	74,223
23	For assets shown above and place							,
	portion of the basis attributable to				23			

ge **2**

orm 4562 (2020		Pag
Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for	
	entertainment, recreation, or amusement.)	
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,	
	24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.	

			—Depreciation								mits for	nasser	nger autor	mohiles	١	
24a	Do you ha					T	Yes	No	ı			•	e written		Yes	No
Туре	(a) e of property rehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or ot)		(e) sis for depr usiness/inve	eciation estment	(f) Recover period	y N	(g) Method/ onvention	Svidenc	(h) Depreciated deduction	tion	(i Elected se	
25	Special	depreciation allow	ance for qualified	d listed prop	erty plac	ed in se	use only ervice du		<u> </u>							
	-	ear and used mo				se. See	instruct	ions		<u> </u>	2	5				
<u> 26</u>	Property	used more than	50% in a qualified	d business ι	ıse:										1	
			%													
			70													
		1.500/	%													
27	Property	used 50% or less	s in a qualified bu	isiness use:												
			%							S/l						
			%							S/l		_				
28 29		ounts in column (f ounts in column (i	,									8		. 29		
<u> 29</u>	Auu am	ounts in column (i), line 26. Enter n					Use of						. 29	1	
Com	plete this	section for vehicle	es used by a sole								ed perso	n. If yo	u provide	d vehicle	es	
		yees, first answer										-				
						a)		b)		c)		(d)		(e)		f)
30	Total bu	siness/investmen	t miles driven dur	ing	Vehi	cle 1	Veh	icle 2	Vehi	cle 3	Veh	nicle 4	Veh	nicle 5	Vehi	cle 6
		(don't include co														
31		mmuting miles dri		ear												
32	Total otl	ner personal (nonc	commuting)													
	miles dr						-									
33		les driven during t	-													
							+	T		·	.,	Τ		1	1	
34		vehicle available	. '		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25		ng off-duty hours?					1	1							1	
35		vehicle used prin														
26		owner or related					-	-								
36	15 0110111	er vehicle availabl	Section C—Que		Employe	ro Wh	Drovid	lo Vobio	loo for l	loo by T	boir Er	nnlovo			1	
Ansv	ver these	questions to deter								-						
more	e than 5%	owners or related	persons. See in	structions.												1
37		maintain a written ployees?							_						Yes	No
38	-	maintain a written		that prohibi												
	-	ees? See the instr		•					•	-						
39		treat all use of veh														
40	-	provide more than														
	use of th	ne vehicles, and re	etain the informat	ion received	d?											
41	Do you	meet the requirem	ents concerning	qualified au	tomobile	demor	stration	use? Se	e instruc	tions						
		your answer to 37	7, 38, 39, 40, or 4	1 is "Yes," o	don't con	nplete S	Section E	for the	covered	vehicles	S					
_ <u>Pa</u>	art VI	Amortizatio	n			1				ı	1					
		(a) Description of costs		(b Date amo begi	rtization		Amortiz	(c) able amour	nt	(di Code se		Amorti perio perce	ization od or	Amortiz	(f) ation for this	s year
42	Amortiz	ation of costs that	heains during vo	ur 2020 tav	vear (so	e instru	ctione).			<u> </u>		porce				
· <u>-</u>	,	in 000to inat	2 Jgm 3 daming yo	UZU (UX	, our (00	J Motiu	J. J. J.									
43	Amortiz	ation of costs that	began before vo	ur 2020 tax	year	II.				1	I.		43			224
44		dd amounts in col											44			224

FYE: 10/31/2021

Federal Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property: 77 SERVER	3/29/21 _	881 881	Х .	0	5 HY 200DB	0	881 881
7-year GDS Property: 76 THEATRE LIGHTING EQUIPMENT 80 THEATRE LIGHTING	4/15/21 7/16/21 _	23,655 600 24,255	X X	0 0	7 HY 200DB	0 0	23,655 600 24,255
Non-Residential Real Property: 78 HEATER 79 TOOL SHED	6/01/21 7/06/21	6,854 634 7,488		6,854 634 7,488	39 MM S/L 39 MM S/L	0 0	66 5 71
Prior MACRS: 3 THEATRE BUILDING 4 IMPROVEMENTS 5 BUILDING IMPROVEMENTS 6 THEATRE IMPROVEMENTS 7 STORAGE 8 DANCE ROOM FLOOR 9 REHEARSAL ROOM FLOOR 10 MIRRORED WALL - REHEARSAL 11 LOBBY WINDOWS 12 COSTUME LOFT 13 ELECTRICAL WORK-LIGHTS 14 THEATRE CURTAIN 15 UPDATE LIGHTS 16 PAINTING FACADE 17 BUILDING SIGN 18 SUMP PUMP 20 THEATRE CHAIRS 23 SEATING 24 LOBBY BENCHES 25 THEATRE CHAIRS 26 OFFICE CHAIRS 27 DRAPES 28 COPIER 29 SOFTWARE PROGRAM 30 EQUIPMENT 31 SEWING MACHINE 32 TYPEWRITER 33 FLYING EQUIPMENT 34 COPY MACHINE 35 COMPUTER 36 MUSICAL INSTRUMENT 37 SOUND EQUIPMENT 38 POWER TOOLS 39 MUSICAL INSTRUMENT 40 SOUND EQUIPMENT 41 MUSICAL INSTRUMENT 42 SOUND EQUIPMENT 43 TOOLS 44 MIKES 45 PROGRAM EQUIPMENT 46 TRAILER LICENSED 47 DIGITAL CAMERA 48 COMPUTER 49 THEATRE LIGHTS 50 PRINTER 51 SOUND EQUIPMENT 52 PHONE SYSTEM 53 COMPUTER 54 WIRELESS UNIT	2/01/01 8/01/02 6/20/07 4/01/08 10/27/09 5/26/09 5/26/09 5/26/09 6/26/09 10/01/09 9/01/11 10/31/11 6/28/12 8/29/12 4/05/13 8/28/01 7/10/07 6/01/10 3/29/16 3/24/16 4/28/16 1/01/94 9/01/95 3/01/97 3/01/97 5/01/97 5/01/97 5/01/97 3/01/99 3/01/90 3/02/90 3/0	1,531,525 7,708 211,532 106,009 1,159 4,411 2,240 3,515 1,015 5,905 2,393 7,588 20,831 4,500 1,327 816 9,495 54,931 1,675 10,168 5,546 4,422 2,000 1,049 1,609 220 185 170 2,939 1,990 433 1,172 338 1,165 590 1,000 2,685 344 783 435 2,500 611 1,961 2,936 135 7,434 572 567 218	X X X X X X X X X X X X X X X X X X X	5,396	39 MM S/L 39 MM S/L 7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 8 HY 200DB 9 HY 200DB	775,420 7,390 72,320 34,203 1,159 4,411 2,240 3,515 1,015 5,905 2,393 7,588 20,831 4,500 1,327 816 9,495 54,931 1,675 9,521 4,223 3,353 2,000 1,049 1,609 220 185 170 2,939 1,924 413 1,172 338 1,165 590 1,000 2,685 344 783 435 2,500 611 1,961 2,397 135 7,434 572 567 218	39,270 0 5,424 2,718 0 0 0 0 0 0 0 0 0 0 0 0 0

ARIEL ARIEL THEATRICAL INC 77-0237961 FYE: 10/31/2021

Federal Asset Report Form 990, Page 1

A 4	Description	Date	04	Bus		Basis	Dan Oan Math	Deian	0
Asset	Description	In Service	Cost	%_	<u>179</u> Bonus	for Depr	PerConv Meth	Prior	Current
55	SEWING MACHINE	10/12/09	500		X	250	5 HY 200DB	500	0
56	EXHAUST FANS	10/23/09	3,421		X	1,710	5 HY 200DB	3,421	0
57	LIGHT GRID/POWER STRIP	11/30/09	3,979		X	1,989	5 HY 200DB	3,979	0
58	DELL COMPUTER	6/23/10	610		X	305	5 HY 200DB	610	0
59	LIGHTBOARD	7/26/11	1,688		X	0	5 HY 200DB	1,688	0
60	3 DIMMERS FOR LIGHTING	8/03/11	1,460		X	0	5 HY 200DB	1,460	0
61	2 LAPEL MICROPHONES	8/26/11	1,146		X	0	5 HY 200DB	1,146	0
62	SOUND BOARD	9/16/11	3,038		X	0	5 HY 200DB	3,038	0
63	SOUND SYSTEM UPGRADE	11/15/11	5,164		X	0	7 HY 200DB	5,164	0
64	CLEAR COM SYSTEM	12/20/11	8,225		X	0	5 HY 200DB	8,225	0
65	COMPUTER SERVER	2/11/13	4,198		X	2,099	5 HY 200DB	4,198	0
66	TICKET PRINTER	4/01/13	1,431		X	715	7 HY 200DB	1,431	0
67	MICROPHONE UPGRADE	8/12/13	8,079		X	4,039	5 HY 200DB	8,079	0
68	INDUSTRIAL LADDER	9/05/13	518		X	259	7 HY 200DB	518	0
69	PHANTOM SET	3/21/13	4,000		X	2,000	7 HY 200DB	4,000	0
71	WIRELESS MICROPHONE	2/03/18	14,431		X	0	5 HY 200DB	14,431	0
72	COMPUTER COSTCO	11/23/18	652		X	0	5 HY 200DB	652	0
73	COMPUTER NEWEGG	11/27/18	1,044		X	0	5 HY 200DB	1,044	0
75	MID-CURTAIN	4/18/19	6,528		X	0	7 HY 200DB	6,528	0
		:	2,104,864		=	1,999,431		1,133,759	49,016
Amor	tization:		2 2 2 2				40.3704	2 2 5 2	
l	LOAN FEES - RABOBANK	5/05/10	3,252			3,252	10 MOAmort	3,252	0
2	WEBSITE DEVELOPMENT	6/07/16	4,520			4,520	3 MOAmort	4,520	0
70	LOAN FEES - PINNACLE BANK	2/23/17	2,237		-	2,237	10 MOAmort	839	224
			10,009			10,009		8,611	224
		:			=				
	Grand Totals		2,147,497			2,016,928		1,142,370	74,447
	Less: Dispositions and Transfe	ers	0			0		0	0
	Less: Start-up/Org Expense		0		_	0		0	0
	Net Grand Totals		2,147,497		- -	2,016,928		1,142,370	74,447

FYE: 10/31/2021

CA Asset Report Form 990, Page 1

	Date		Basis	CA	CA	Federal	Difference
Asset Description	on In Service	e Cost	for Depr	Prior	Current	Current	Fed - CA
5-year GDS Property:							
77 SERVER	3/29/21	881	881	0	176	881	705
		881	881	0	176	881	705
Z CDC D							
7-year GDS Property: 76 THEATRE LIGHTING E		23,655	23,655	0	3,379	23,655	20,276
80 THEATRE LIGHTING	7/16/21	24,255	24,255	0 0	3,465	24,255	20,790
		24,233	24,233		3,403	24,233	20,790
Non-Residential Real Property:							
78 HEATER 79 TOOL SHED	6/01/21 7/06/21	6,854 634	6,854 634	0	66 5	66 5	$0 \\ 0$
77 TOOL SHLD	7700/21	7,488	7,488	0	71	71	0
							
Prior MACRS:	2/01/01	1 521 525	1 521 525	775 400	20.270	20.270	0
3 THEATRE BUILDING4 IMPROVEMENTS	2/01/01 8/01/02	1,531,525 7,708	1,531,525 7,708	775,420 7,390	39,270 0	39,270 0	$0 \\ 0$
5 BUILDING IMPROVEMS 6 THEATRE IMPROVEMS		211,532 106,009	211,532 106,009	72,320 34,203	5,424 2,718	5,424 2,718	0
7 STORAGE	10/27/09	1,159	1,159	1,159	2,718	2,718	0
8 DANCE ROOM FLOOR 9 REHEARSAL ROOM FL	5/26/09 5/26/00	4,411	4,411	4,411	0	0	0
9 REHEARSAL ROOM FL 10 MIRRORED WALL - RE		2,240 3,515	2,240 3,515	2,240 3,515	$0 \\ 0$	0	$0 \\ 0$
11 LOBBY WINDOWS	6/26/09	1,015	1,015	1,015	0	0	0
12 COSTUME LOFT 13 ELECTRICAL WORK-LI	10/01/09 GHTS 9/01/11	5,905 2,393	5,905 2,393	5,905 2,393	$0 \\ 0$	0	$0 \\ 0$
14 THEATRE CURTAIN	10/31/11	7,588	7,588	7,588	0	0	0
15 UPDATE LIGHTS	6/28/12	20,831	20,831	20,831	0	0	0
16 PAINTING FACADE17 BUILDING SIGN	8/12/12 8/29/12	4,500 1,327	4,500 1,327	4,500 1,327	$0 \\ 0$	$0 \\ 0$	$0 \\ 0$
18 SUMP PUMP	4/05/13	816	816	816	0	0	0
20 THEATRE CHAIRS 23 SEATING	8/28/01 7/10/07	9,495 54,931	9,495 54,931	9,495 54,931	0	0	$0 \\ 0$
24 LOBBY BENCHES	6/01/10	1,675	1,675	1,675	0	0	0
25 THEATRE CHAIRS	3/29/16	10,168	10,168	9,521	647	647	0
26 OFFICE CHAIRS 27 DRAPES	3/24/16 4/28/16	5,546 4,422	5,546 4,422	4,223 3,353	529 428	529 428	$0 \\ 0$
28 COPIER	1/01/94	2,000	2,000	2,000	0	0	ő
29 SOFTWARE PROGRAM		1,049	1,049	1,049	0	0	0
30 EQUIPMENT 31 SEWING MACHINE	3/01/97 3/01/97	1,609 220	1,609 220	1,609 220	$0 \\ 0$	$0 \\ 0$	$0 \\ 0$
32 TYPEWRITER	5/01/97	185	185	185	0	0	0
33 FLYING EQUIPMENT 34 COPY MACHINE	5/01/97 12/01/97	170 2,939	170 2,939	170 2,939	0	0	0
35 COMPUTER	3/01/98	1,990	1,990	1,924	0	0	0
36 MUSICAL INSTRUMEN		433	433	413	0	0	0
37 SOUND EQUIPMENT 38 POWER TOOLS	3/01/99 3/01/99	1,172 338	1,172 338	1,172 338	0	0	$0 \\ 0$
39 MUSICAL INSTRUMEN	T 3/01/99	1,165	1,165	1,165	0	0	0
40 SOUND EQUIPMENT	3/01/99 T 10/21/00	590	590	590	0	0	0
41 MUSICAL INSTRUMEN 42 SOUND EQUIPMENT	T 10/31/99 7/06/99	1,000 2,685	1,000 2,685	1,000 2,685	0	$0 \\ 0$	$0 \\ 0$
43 TOOLS	2/09/00	344	344	344	0	0	0
44 MIKES 45 PROGRAM EQUIPMENT	3/27/00 Γ 7/03/00	783 435	783 435	783 435	0	$0 \\ 0$	0
46 TRAILER LICENSED	6/27/00	2,500	2,500	2,500	0	0	0
47 DIGITAL CAMERA	12/15/00	611	611	611	0	0	0
48 COMPUTER 49 THEATRE LIGHTS	11/13/00 3/27/00	1,961 2,936	1,961 2,936	1,961 2,397	0	0	$0 \\ 0$
50 PRINTER	3/05/01	135	135	135	0	0	0
51 SOUND EQUIPMENT	10/17/02	7,434	7,434	7,434	0	0	0
52 PHONE SYSTEM 53 COMPUTER	7/23/08 11/01/07	572 567	572 567	572 567	0	$0 \\ 0$	$0 \\ 0$
54 WIRELESS UNIT	6/30/08	218	218	218	ŏ	ŏ	ŏ

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Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
55	SEWING MACHINE	10/12/09	500	500	500	0	0	0
56	EXHAUST FANS	10/23/09	3,421	3,421	3,421	Ö	Ŏ	Ŏ
57	LIGHT GRID/POWER STRIP	11/30/09	3,979	3,979	3,979	0	0	0
58	DELL COMPUTER	6/23/10	610	610	610	0	0	0
59	LIGHTBOARD	7/26/11	1,688	1,688	1.688	0	0	0
60	3 DIMMERS FOR LIGHTING	8/03/11	1,460	1,460	1,460	0	0	0
61	2 LAPEL MICROPHONES	8/26/11	1,146	1,146	1,146	0	0	0
62	SOUND BOARD	9/16/11	3,038	3,038	3,038	0	0	0
63	SOUND SYSTEM UPGRADE	11/15/11	5,164	5,164	5,164	0	0	0
64	CLEAR COM SYSTEM	12/20/11	8,225	8,225	8,225	0	0	0
65	COMPUTER SERVER	2/11/13	4,198	4,198	4,198	0	0	0
66	TICKET PRINTER	4/01/13	1,431	1,431	1,431	0	0	0
67	MICROPHONE UPGRADE	8/12/13	8,079	8,079	8,079	0	0	0
68	INDUSTRIAL LADDER	9/05/13	518	518	518	0	0	0
69	PHANTOM SET	3/21/13	4,000	4,000	4,000	0	0	0
71	WIRELESS MICROPHONE	2/03/18	14,431	14,431	10,275	1,662	0	-1,662
72	COMPUTER COSTCO	11/23/18	652	652	339	126	0	-126
73	COMPUTER NEWEGG	11/27/18	1,044	1,044	543	200	0	-200
75	MID-CURTAIN	4/18/19	6,528	6,528	2,531	1,142	0	-1,142
			2,104,864	2,104,864	1,124,792	52,146	49,016	-3,130
						_	_	
<u>Amor</u>	<u>tization:</u>							
1	LOAN FEES - RABOBANK	5/05/10	3,252	3,252	3,252	0	0	0
2	WEBSITE DEVELOPMENT	6/07/16	4,520	4,520	4,520	0	0	0
70	LOAN FEES - PINNACLE BANK	2/23/17	2,237	2,237	839	224	224	0
			10,009	10,009	8,611	224	224	0
	Grand Totals		2,147,497	2,147,497	1,133,403	56,082	74,447	18,365
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		2,147,497	2,147,497	1,133,403	56,082	74,447	18,365

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1 12. 10/01/2021		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, rago r				
Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>5-year GDS Property:</u> 77 SERVER	3/29/21 _	881 881	X	0	•	0 0	881 881
7-year GDS Property: 76 THEATRE LIGHTING EQUIPMENT 80 THEATRE LIGHTING	4/15/21 7/16/21 _	23,655 600 24,255	X X	0 0	7 HY 200DB	0 0	23,655 600 24,255
Non-Residential Real Property: 78 HEATER 79 TOOL SHED	6/01/21 7/06/21	6,854 634 7,488		6,854 634 7,488	39 MM S/L	0 0	66 5 71
Prior MACRS: 3 THEATRE BUILDING 4 IMPROVEMENTS 5 BUILDING IMPROVEMENTS 6 THEATRE IMPROVEMENTS 7 STORAGE 8 DANCE ROOM FLOOR 9 REHEARSAL ROOM FLOOR 10 MIRRORED WALL - REHEARSAL 11 LOBBY WINDOWS 12 COSTUME LOFT 13 ELECTRICAL WORK-LIGHTS 14 THEATRE CURTAIN 15 UPDATE LIGHTS 16 PAINTING FACADE 17 BUILDING SIGN 18 SUMP PUMP 20 THEATRE CHAIRS 23 SEATING 24 LOBBY BENCHES 25 THEATRE CHAIRS 26 OFFICE CHAIRS 27 DRAPES 28 COPIER 29 SOFTWARE PROGRAM 30 EQUIPMENT 31 SEWING MACHINE 32 TYPEWRITER 33 FLYING EQUIPMENT 34 COPY MACHINE 35 COMPUTER 36 MUSICAL INSTRUMENT 37 SOUND EQUIPMENT 38 POWER TOOLS 39 MUSICAL INSTRUMENT 40 SOUND EQUIPMENT 41 MUSICAL INSTRUMENT 42 SOUND EQUIPMENT 43 TOOLS 44 MIKES 45 PROGRAM EQUIPMENT 46 TRAILER LICENSED 47 DIGITAL CAMERA 48 COMPUTER 51 SOUND EQUIPMENT 52 PHONE SYSTEM 53 COMPUTER 54 WIRELESS UNIT	2/01/01 8/01/02 6/20/07 4/01/08 10/27/09 5/26/09 5/26/09 5/26/09 6/26/09 10/01/09 9/01/11 10/31/11 6/28/12 8/29/12 4/05/13 8/28/01 7/10/07 6/01/10 3/29/16 3/24/16 4/28/16 1/01/94 9/01/95 3/01/97 5/01/97 5/01/97 12/01/97 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 3/01/99 10/31/99 10/31/99 2/09/00 3/27/00 7/03/00 6/27/00 12/15/00 11/13/00 3/25/01 10/17/02 7/23/08 11/01/07 6/30/08	1,531,525 7,708 211,532 106,009 1,159 4,411 2,240 3,515 1,015 5,905 2,393 7,588 20,831 4,500 1,327 816 9,495 54,931 1,675 10,168 5,548 4,422 2,000 1,049 1,609 220 185 170 2,939 1,990 433 1,172 338 1,165 590 1,000 2,685 344 783 435 2,500 611 1,961 2,936 135 7,434 572 567 218	X X X X X X X X X X X X X X X X X X X	5,396 211,532	39 MM S/L 39 MM S/L 7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 8 HY 200DB 9 HY 200DB	773,944 7,708 72,545 34,091 1,159 4,411 2,240 3,515 1,015 5,905 2,393 7,588 20,831 4,500 1,327 816 9,495 54,931 1,675 9,521 4,224 3,353 2,000 1,049 1,609 220 185 170 2,939 1,924 413 1,172 338 1,165 5,900 1,000 2,685 344 783 435 2,500 611 1,961 2,397 135 7,434 572 567 218	39,270 0 5,424 2,718 0 0 0 0 0 0 0 0 0 0 0 0 0

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		Date		Bus	Sec	Basis				
Asset	Description	In Service	Cost	<u>%</u>	179Bonus	for Depr	Per	Conv Meth	Prior	Current
55	SEWING MACHINE	10/12/09	500		X	250	5	HY 200DB	500	0
56	EXHAUST FANS	10/23/09	3,421		X	1,710	5	HY 200DB	3,421	0
57	LIGHT GRID/POWER STRIP	11/30/09	3,979		X	1,989	5	HY 200DB	3,979	0
58	DELL COMPUTER	6/23/10	610		X	305	5	HY 200DB	610	0
59	LIGHTBOARD	7/26/11	1,688		X	0	5	HY 200DB	1,688	0
60	3 DIMMERS FOR LIGHTING	8/03/11	1,460		X	0	5	HY 200DB	1,460	0
61	2 LAPEL MICROPHONES	8/26/11	1,146		X	0	5	HY 200DB	1,146	0
62	SOUND BOARD	9/16/11	3,038		X	0	5	HY 200DB	3,038	0
63	SOUND SYSTEM UPGRADE	11/15/11	5,164		X	0	7	HY 200DB	5,164	0
64	CLEAR COM SYSTEM	12/20/11	8,225		X	0	5	HY 200DB	8,225	0
65	COMPUTER SERVER	2/11/13	4,198		X	2,099	5	HY 200DB	4,198	0
66	TICKET PRINTER	4/01/13	1,431		X	715	7	HY 200DB	1,431	0
67	MICROPHONE UPGRADE	8/12/13	8,079		X	4,039	5	HY 200DB	8,079	0
68	INDUSTRIAL LADDER	9/05/13	518		X	259	7	HY 200DB	518	0
69	PHANTOM SET	3/21/13	4,000		X	2,000	7	HY 200DB	4,000	0
71	WIRELESS MICROPHONE	2/03/18	14,431		X	0	5	HY 200DB	14,431	0
72	COMPUTER COSTCO	11/23/18	652		X	0	5	HY 200DB	652	0
73	COMPUTER NEWEGG	11/27/18	1,044		X	0	5	HY 200DB	1,044	0
75	MID-CURTAIN	4/18/19	6,528		X	0	7	HY 200DB	6,528	0
		=	2,104,866		<u>-</u>	1,999,432			1,132,715	49,017
		_			_					
	Grand Totals					2,006,920			1,132,715	74,224
	Less: Dispositions and Transfers				_	0			0	0
	Net Grand Totals					2,006,920			1,132,715	74,224

ARIEL ARIEL THEATRICAL INC 77-0237961 Bonus Depreciation Report Form 990, Page 1

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MPROVEMENTS	Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
7 STORAGE 10/27/09 1,159 0 0 580 579 8 DANCE ROOM FLOOR 5/26/09 2,240 0 0 1,206 2,205 9 REHEARSAL ROOM FLOOR 5/26/09 2,240 0 0 1,120 1,120 10 MIRRORED WALL - REHEARSAL 5/26/09 3,515 0 0 1,758 1,757 11 LOBBY WINDOWS 6/26/09 1,015 0 0 508 507 12 COSTUME LOFT 10/01/09 5,905 0 0 2,953 2,952 13 ELECTRICAL WORK-LIGHTS 9/01/11 2,393 0 0 2,393 0 14 THEATRE CURTAIN 10/31/11 7,588 0 0 7,588 0 15 UPDATE LIGHTS 6/28/12 20,831 0 0 10/416 10,415 16 PAINTING FACADE 8/12/12 4,500 0 0 0 2,250 2,250 18 BUILDING SIGN 8/29/12 4,500 0 0 0 2,250 2,250 18 SUMP PUMP 40/5/13 816 0 0 664 663 18 SUMP PUMP 40/5/13 816 0 0 488 408 24 LOBBY BENCHES 60/1/10 1,675 0 0 838 837 25 THEATRE CHAIRS 3/29/16 10,168 0 0 0,588 837 25 THEATRE CHAIRS 3/29/16 10,168 0 0 0,273 2,773 27 DRAPES 4/28/16 4,422 0 0 0,211 2,211 18 SOUND EQUIPMENT 10/17/02 7,434 0 0 2,230 5,204 25 PHONE SYSTEM 7/23/08 572 0 0 286 286 26 WIRELESS UNIT 6/30/08 572 0 0 286 286 24 WIRELESS UNIT 6/30/08 572 0 0 286 286 25 WING MACHINE 10/12/09 500 0 0 250	4	IMPROVEMENTS	8/01/02	7 708				2.312	5 396
8 DANCE ROOM FLOOR 5/26/09 4,411 0 0 0 2,206 2,205 9 REHEARSAL ROOM FLOOR 5/26/09 2,240 0 0 1,12									
9 REHEARSAL ROOM FLOOR 1 OMERORED WALL - REHEARSAL 5/26/09 1 OMERORED WALL - REHEARS 5/26/09 1 OMERORE						0			
10 MIRRORED WALL - REHEARSAL 5/26/09 3,515 0 0 1,758 1,757 1 LOBBY WINDOWS 6/26/09 1,015 0 0 5,08 507 12 COSTUME LOFT 10/01/09 5,905 0 0 2,953 2,952 3 12 ECTRICAL WORK-LIGHTS 9/01/11 7,588 0 0						0			
11 LOBBY WINDOWS						0	0		
13 ELECTRICAL WORK-LIGHTS 9/01/11 2,393 0 0 2,393 0 14 THEATRE CURTAIN 10/31/11 7,588 0 0 7,588 0 0 7,588 0 15 UPDATE LIGHTS 6/28/12 20,831 0 0 10,416 10,415 16 PAINTING FACADE 8/12/12 4,500 0 0 2,250 2,250 2,250 17 BUILDING SIGN 8/29/12 1,327 0 0 6644 663 18 SUMP PUMP 4/05/13 816 0 0 408 408 24 LOBBY BENCHES 6/01/10 1,675 0 0 838 837 25 THEATRE CHAIRS 3/29/16 10,168 0 0 5,084 5,084 26 OFFICE CHAIRS 3/24/16 5,546 0 0 2,271 2,271 2,773 27 DRAPES 4/28/16 4,422 0 0 2,211 2,2	11	LOBBY WINDOWS	6/26/09			0	0		507
13 ELECTRICAL WORK-LIGHTS	12	COSTUME LOFT	10/01/09			0	0	2,953	2,952
THEATRE CURTAIN	13	ELECTRICAL WORK-LIGHTS	9/01/11	2,393		0	0	2,393	
16 PAINTING FACADE	14	THEATRE CURTAIN	10/31/11	7,588		0	0		0
17 BUILDING SIGN 8/29/12 1,327 0 0 664 663	15	UPDATE LIGHTS	6/28/12	20,831		0	0	10,416	10,415
18 SUMP PUMP 4/05/13 816 0 0 408 408 24 LOBBY BENCHES 6/01/10 1,675 0 0 0 838 837 25 THEATRE CHAIRS 3/29/16 10,168 0 0 0 5,084 5,084 26 OFFICE CHAIRS 3/24/16 5,546 0 0 0 2,773 2,773 27 DRAPES 4/28/16 4,422 0 0 0,271 2,211 27 DRAPES 4/28/16 4,422 0 0 0,271 2,211 27 DRAPES 7/23/08 572 0 0 286 286 286 286 287 WRELESS UNIT 6/30/08 218 0 0 109 109 288 288 289 288 WIRELESS UNIT 6/30/08 218 0 0 109 109 289 250	16	PAINTING FACADE				0	0	2,250	2,250
24 LOBBY BENCHES 6/01/10 1,675 0 0 838 837 25 THEATRE CHAIRS 3/29/16 10,168 0 0 5,084 5,084 26 OFFICE CHAIRS 3/24/16 5,546 0 0 0 2,773 2,773 27 DRAPES 4/28/16 4,422 0 0 0 2,211 2,211 51 SOUND EQUIPMENT 10/17/02 7,434 0 0 0 2,230 5,204 52 PHONE SYSTEM 7/23/08 572 0 0 286 286 54 WIRELESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 0,1990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 305 305 59 LIGHTBOARD 7/26/11 1,688 0 0 0 1,688 0 0 0 1,688 0 0 0 1,688 0 0 0 1,688 0 0 0 1,246 0 0 0 1,460 0 0 0 1,246 0 0 0 1,146 0 0 0 0 1,460 0 0 0 0 1,460 0 0 0 0 1,460 0 0 0 0 1,460 0 0 0 0 1,460 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						0		664	663
25 THEATRE CHAIRS 3/29/16 10,168 0 0 5,084 5,084 26 OFFICE CHAIRS 3/24/16 5,546 0 0 0 2,773 2,773 2,773 27 DRAPES 4/28/16 4,422 0 0 0 2,211 2,211 51 SOUND EQUIPMENT 10/17/02 7,434 0 0 2,230 5,204 52 PHONE SYSTEM 7/23/08 572 0 0 0 22,30 5,204 52 PHONE SYSTEM 6/30/08 218 0 0 109 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 0 1,688 0 60 3 DIMMERS FOR LIGHTING 8/03/11 1,460 0 0 1,460 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 1,460 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18	SUMP PUMP	4/05/13	816		0	0		408
26 OFFICE CHAIRS 3/24/16 5,546 0 0 2,773 2,773 2773 2773 PRAPES 4/28/16 4,422 0 0 0 2,211 2,211 51 SOUND EQUIPMENT 10/17/02 7,434 0 0 0,2,230 5,204 52 PHONE SYSTEM 7/23/08 572 0 0 286 286 286 54 WIRELESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 3,05 305 59 LIGHTBOARD 7/26/11 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 1,688 0 0 0 1,460 0 0 0 1,146 0 0 0 1,146 0 0 0 0 1,146 0 0 0 0 1,146 0 0 0 0 1,146 0 0 0 0 1,146 0 0 0 0 1,146 0 0 0 0 0 1,146 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24	LOBBY BENCHES				0	0	838	
27 DRAPES 4/28/16 4/422 0 0 2,211 2,211 51 SOUND EQUIPMENT 10/17/02 7,434 0 0 2,230 5,204 52 PHONE SYSTEM 7/23/08 572 0 0 286 286 54 WIRELESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 305 305 59 LIGHTBOARD 7/26/11 1,688 0 0 1,688 0 60 3 DIMMERS FOR LIGHTING 8/03/11 1,460 0 0 1,460 0 61 2 LAPEL MICROPHONES 8/26/11 1,146 0 0 1,460 0 62 SO				10,168		0	0		
51 SOUND EQUIPMENT 10/17/02 7,434 0 0 2,230 5,204 52 PHONE SYSTEM 7/23/08 572 0 0 286 286 54 WIRELESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 305 305 59 LIGHTBOARD 7/26/11 1,688 0 0 1,688 0 60 3 DIMMERS FOR LIGHTING 8/03/11 1,460 0 0 1,460 0 61 2 LAPEL MICROPHONES 8/26/11 1,146 0 0 1,466 0 62 SOUND BOARD 9/16/11 3,038 0 0 3,038 0 63 C						0			
52 PHONE SYSTEM 7/23/08 572 0 0 286 286 54 WIRLESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 1,990 1,989 58 DELL COMPUTER 6(23/10 610 0 0 305 305 59 LIGHTBOARD 7/26/11 1,688 0 0 1,688 0 60 3 DIMMERS FOR LIGHTING 8/03/11 1,460 0 0 1,460 0 61 2 LAPEL MICROPHONES 8/26/11 1,146 0 0 1,460 0 62 SOUND BOARD 9/16/11 3,038 0 0 3,038 0 63 SOUND SYSTEM 12/20/11 8,225 0 0 8,225 0 65 COMPUTER						0			
54 WIRELESS UNIT 6/30/08 218 0 0 109 109 55 SEWING MACHINE 10/12/09 500 0 0 250 250 56 EXHAUST FANS 10/23/09 3,421 0 0 1,711 1,710 57 LIGHT GRID/POWER STRIP 11/30/09 3,979 0 0 1,990 1,989 58 DELL COMPUTER 6/23/10 610 0 0 305 305 59 LIGHTBOARD 7/26/11 1,688 0 0 1,688 0 60 3 DIMMERS FOR LIGHTING 8/03/11 1,460 0 0 1,460 0 61 2 LAPEL MICROPHONES 8/26/11 1,146 0 0 1,146 0 61 2 LAPEL MICROPHONES 8/26/11 1,146 0 0 1,146 0 62 SOUND SYSTEM UPGRADE 11/15/11 5,164 0 0 3,038 0 63 SOUND SYSTEM UPGRADE 11/15/11 8,225 0 0 8,225 0 <									
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77 SERVER 3/29/21 881 0 881 0 0 880 THEATRE LIGHTING 7/16/21 600 0 600 0 0						-			
80 THEATRE LIGHTING 7/16/21 600 0 600 0 0						-			
						-		-	
Grand Total 188,691 0 25,136 105,433 58,122	80	THEATRE LIGHTING	7//16/21	600		0	600	0	0
Grand Total 188,691 0 25,136 105,433 58,122									
			Grand Total	188,691		0	25,136	105,433	58,122

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Depreciation Adjustment Report
All Business Activities

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AMT Adjustments/ **AMT** Form Unit Asset Description Tax Preferences **MACRS Adjustments:** Page 1 THEATRE BUILDING 39,270 39,270 0 **IMPROVEMENTS** Page 1 **BUILDING IMPROVEMENTS** 5,424 0 Page 1 THEATRE IMPROVEMENTS 2,718 2,718 0 Page 1 6 0 Page 1 **STORAGE** 8 DANCE ROOM FLOOR 0 0 0 Page 1 REHEARSAL ROOM FLOOR Page 1 0 0 0 10 MIRRORED WALL - REHEARSAL Page 1 LOBBY WINDOWS 0 0 0 Page 1 11 12 COSTUME LOFT 0 0 Page 1 **ELECTRICAL WORK-LIGHTS** 0 13 0 0 Page 1 0 0 Page 1 14 THEATRE CURTAIN 0 15 UPDATE LIGHTS 0 0 Page 1 0 0 PAINTING FACADE 0 Page 1 16 17 **BUILDING SIGN** Page 1 0 18 SUMP PUMP 0 0 Page 1 Page 1 20 THEATRE CHAIRS 0 0 0 Page 1 23 **SEATING** 0 0 0 24 25 0 LOBBY BENCHES 0 0 Page 1 THEATRE CHAIRS 647 647 0 Page 1 26 27 OFFICE CHAIRS 529 530 Page 1 -1 Page 1 **DRAPES** 428 428 0 28 29 **COPIER** 0 0 0 Page 1 SOFTWARE PROGRAM 0 0 Page 1 0 30 **EQUIPMENT** 0 0 Page 1 31 **SEWING MACHINE** 0 0 0 Page 1 Page 1 **TYPEWRITER** 0 0 0 33 FLYING EQUIPMENT 0 0 0 Page 1 0 COPY MACHINE 0 0 Page 1 35 **COMPUTER** 0 0 0 Page 1 36 MUSICAL INSTRUMENT 0 0 0 Page 1 Page 1 37 SOUND EQUIPMENT 0 38 0 0 0 POWER TOOLS Page 1 39 0 Page 1 MUSICAL INSTRUMENT 0 0 Page 1 40 SOUND EQUIPMENT 0 0 0 0 41 0 0 MUSICAL INSTRUMENT Page 1 Page 1 42 SOUND EQUIPMENT 0 0 0 TOOLS 0 43 0 0 Page 1 0 Page 1 44 0 0 45 PROGRAM EQUIPMENT 0 0 0 Page 1 0 Page 1 46 TRAILER LICENSED 0 0 Page 1 47 DIGITAL CAMERA 0 0 0 48 COMPUTER 0 0 0 Page 1 Page 1 49 THEATRE LIGHTS 0 0 0 Page 1 50 **PRINTER** 0 0 0 51 0 SOUND EQUIPMENT 0 0 Page 1 Page 1 52 PHONE SYSTEM 0 0 0 53 0 0 0 **COMPUTER** Page 1 WIRELESS UNIT 0 Page 1 55 56 0 0 0 Page 1 **SEWING MACHINE** 0 Page 1 EXHAUST FANS 0 0 Page 1 57 LIGHT GRID/POWER STRIP 0 0 0 58 0 0 **DELL COMPUTER** 0 Page 1 LIGHTBOARD 0 0 0 Page 1 60 3 DIMMERS FOR LIGHTING 0 0 0 Page 1 61 **2 LAPEL MICROPHONES** 0 Page 1 0 0 62 SOUND BOARD 0 Page 1 0 63 SOUND SYSTEM UPGRADE 0 0 Page 1 CLEAR COM SYSTEM 0 Page 1 64 0 65 0 0 0 COMPUTER SERVER Page 1 Page 1 TICKET PRINTER 0 0 0 Page 1 67 MICROPHONE UPGRADE 0 0 0 0 Page 1 INDUSTRIAL LADDER 0 Page 1 0 0 0 69 PHANTOM SET WIRELESS MICROPHONE 0 71 0 0 Page 1 COMPUTER COSTCO Page 1

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ARIEL ARIEL THEATRICAL INC 77-0237961 Depreciation Adjustment Report All Business Activities

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<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
Page 1	1	73	COMPUTER NEWEGG	0	0	0
Page 1	1	75	MID-CURTAIN	0	0	0
Page 1	1	76	THEATRE LIGHTING EQUIPMENT	23,655	23,655	0
Page 1	1	77	SERVER	881	881	0
Page 1	1	78	HEATER	66	66	0
Page 1	1	79	TOOL SHED	5	5	0
Page 1	1	80	THEATRE LIGHTING	600	600	0
				74 223	74 224	-1

ARIEL ARIEL THEATRICAL INC
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ARIEL ARIEL THEATRICAL INC
77-0237961 Future Depreciation Report

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Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
75	MID-CURTAIN	4/18/19	6,528	0	0
76	THEATRE LIGHTING EQUIPMENT	4/15/21	23,655	0	0
77	SERVER	3/29/21	881	0	0
78	HEATER	6/01/21	6,854	176	176
79	TOOL SHED	7/06/21	634	16	16
80	THEATRE LIGHTING	7/16/21	600	0	0
			2,137,488	48,559	48,558
<u>Amorti</u>	zation:				
1	LOAN FEES - RABOBANK	5/05/10	3,252	0	0
2	WEBSITE DEVELOPMENT	6/07/16	4,520	0	0
70	LOAN FEES - PINNACLE BANK	2/23/17	2,237	223	223
			10,009	223	223
	Grand Totals		2,147,497	48,782	48,781

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ARIEL ARIEL THEATRICAL INC
77-0237961 CA Future Depreciation Report

Form 990, Page 1

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Asset	Description	Date In Service	Cost	CA
Prior M	ACRS:			
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 71 72	THEATRE BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS THEATRE IMPROVEMENTS THEATRE IMPROVEMENTS STORAGE DANCE ROOM FLOOR REHEARSAL ROOM FLOOR MIRRORED WALL - REHEARSAL LOBBY WINDOWS COSTUME LOFT ELECTRICAL WORK-LIGHTS THEATRE CURTAIN UPDATE LIGHTS PAINTING FACADE BUILDING SIGN SUMP PUMP THEATRE CHAIRS SEATING LOBBY BENCHES THEATRE CHAIRS OFFICE OFFICE CHAIRS OFFICE CHAIRS OFFICE CHAIRS OFFICE CHAIRS OFFICE	2/01/01 8/01/02 6/20/07 4/01/08 10/27/09 5/26/09 5/26/09 5/26/09 10/01/09 9/01/11 10/31/11 6/28/12 8/12/12 8/29/12 4/05/13 8/28/01 7/10/07 6/01/10 3/29/16 3/24/16 4/28/16 1/01/94 9/01/95 3/01/97 5/01/97 5/01/97 5/01/97 12/01/97 3/01/99 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91 3/01/91	1,531,525 7,708 211,532 106,009 1,159 4,411 2,240 3,515 1,015 5,905 2,393 7,588 20,831 4,500 1,327 816 9,495 54,931 1,675 10,168 5,546 4,422 2,000 1,049 1,609 220 185 170 2,939 1,990 433 1,172 338 1,165 590 1,000 2,685 344 783 435 2,500 611 1,961 2,936 135 7,434 572 567 218 500 3,421 3,979 610 1,688 1,460 1,146 3,038 5,164 8,225 4,198 1,431 8,079 518 4,000 14,431 8,079 518 4,000 14,431 8,079 518 4,000 14,431 8,079 518	39,270 0 5,423 2,718 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
73	COMPUTER NEWEGG	11/27/18	1,044	121

ARIEL ARIEL THEATRICAL INC 07/25/2022 3:22 PM 77-0237961 CA Future Depreciation Report FYE: 10/31/22 Page 2

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Asset	Description	Date In Service	Cost	CA
75	MID-CURTAIN	4/18/19	6,528	816
76 77	THEATRE LIGHTING EQUIPMENT SERVER	4/15/21 3/29/21	23,655 881	5,793 282
78	HEATER	6/01/21	6,854	176
79	TOOL SHED	7/06/21	634	16
80	THEATRE LIGHTING	7/16/21	600	147
			2,137,488	57,455
<u>Amortiz</u>	zation:			
1	LOAN FEES - RABOBANK	5/05/10	3,252	0
2 70	WEBSITE DEVELOPMENT LOAN FEES - PINNACLE BANK	6/07/16 2/23/17	4,520 2,237	0 223
70	LUAN FEES - PINNACLE BAINK	2/23/1/		
			10,009	223
	Grand Totals		2,147,497	57,678
	Granu Totais		4,147,497	37,078

Form 990 Two Year Comparison Report 2019 & 2020

For calendar year 2020, or tax year beginning 11/01/20 , ending 10/31/21

Name Taxpayer Identification Number

7	ARIEL THEATRICAL INC			7	7-02	37961
			2019	2020		Differences
	1. Contributions, gifts, grants	1.	256,553	260,	761	4,208
	2. Membership dues and assessments	2.		·		· ·
	3. Government contributions and grants	3.				
n e	4. Program service revenue		96,730	72,	672	-24,058
\Box	5. Investment income	5.	· ·	•		•
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.				
_	8. Net income or (loss) from fundraising events					
	9. Net income or (loss) from gaming					
	10. Net gain or (loss) on sales of inventory					
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	353,283	333,	433	-19,850
	13. Grants and similar amounts paid	13.	İ	•		<u> </u>
	14. Benefits paid to or for members	14.				
Ø	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.	210,685	228,	624	17,939
eп	17. Professional fundraising fees	17.	İ	•		•
α	18. Other professional fees	18.	17,066	13,	019	-4,047
ш	19. Occupancy, rent, utilities, and maintenance	19.	· ·	•		•
	20. Depreciation and Depletion	20.	50,525	74,	447	23,922
	21. Other expenses	21.	91,089	81,		-9,897
	22. Total expenses. Add lines 13 through 21	22.	369,365	397,	282	27,917
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-16,082	-63,	849	-47,767
	24. Total exempt revenue	24.	353,283	333,		-19,850
	25. Total unrelated revenue	25.		·		•
ö	26. Total excludable revenue	26.	96,730	72,	672	-24,058
nat	27. Total assets	27.	1,156,011	1,073,	027	-82,984
Forn	28. Total liabilities	28.	223,119	224,	354	1,235
Other Information	29. Retained earnings	29.	932,892	848,		-84,219
hei	30. Number of voting members of governing body	30.	11	11		
ŏ	31. Number of independent voting members of governing body	31.	11	11		
	32. Number of employees	32.	15	11		
	33. Number of volunteers	33.				

Name

ARIEL THEATRICAL INC

Tax Return History

Employer Identification Number 77-0237961

_	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	176,339	234,506	287,185	256,553	260,761	
Membership dues	•	·		•		
Program service revenue	243,276	227,795	224,241	96,730	72,672	
Capital gain or loss	·	·		·		
nvestment income	282		1			
-undraising revenue (income/loss)	885					
Gaming revenue (income/loss)						
Other revenue		4,664				
Total revenue	480,296	466,965	511,427	353,283	333,433	
Grants and similar amounts paid	•	·			-	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	265,794	291,288	313,644	210,685	228,624	
Professional fees	9,040	50,868	52,785	17,066	13,019	
Occupancy costs		·	•	·		
Depreciation and depletion	66,676	76,475	63,338	50,525	74,447	
Other expenses	162,099	128,067	167,102	91,089	81,192	
Total expenses	511,634	546,698	596,869	369,365	397,282	
Excess or (Deficit)	-31,338	-79,733	-85,442	-16,082	-63,849	
	480,296	466 06E	511,427	353,283	333,433	
Total exempt revenue	400,290	466,965	311,421	333,283	333,435	
Total unrelated revenue	303,072	222 450	224 242	96,730	72 672	
Total excludable revenue		232,459	224,242	,	72,672	
Total Assets	1,293,478	1,217,574	1,143,121	1,156,011	1,073,027	
Total Liabilities	178,851	180,080	184,927	223,119	224,354	
Net Fund Balances	1,114,627	1,037,494	958,194	932,892	848,673	

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

Description	<u>E</u>	Total xpenses	Program Service	Management General	: &	Fund Raising
BUSINESS EXPENSES VARIOUS	\$	7,384 595	\$ 7,384 595	\$	\$ 	
TOTAL	\$	7 , 979	\$ 7,979	\$	<u>0</u> \$	0

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

Description	E	Total xpenses		Program Service		agement & General	 Fund Raising
PROPERTY TAXES PRODUCTION SUPPLIES	\$	1,370 868	\$	868	\$	1,370	\$
DUES & SUBS PAYROLL PROCESSING FEE		865 600 425		425		865 600	
LICENSE AND FEE'S TOTAL	<u></u>	423	<u></u>	1,293	<u></u>	2,835	 \$ 0

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Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS	\$ 2,871 130,007
FOUNDATION GRANTS CONTR REVENUE	73,871
PPP LOAN	54,012
TOTAL	\$ <u>260,761</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM REVENUE	\$ 72 , 672
TOTAL	\$ 72,672