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CLIENT'S COPY

FILE COPY

The Laguna Playhouse  
P.O. BOX 1747  
Laguna Beach, CA 92652-1747

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2018.

**CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.

Mail to - Franchise Tax Board  
PO BOX 942857  
Sacramento CA 94257-0531

**CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$150.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely Yours,

Haskell & White, LLP  
Certified Public Accountants

FILE COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**The Laguna Playhouse**

**95-1509841**

Name and title of officer

**Ellen Richard  
Executive Director**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5,638,797.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Haskell & White LLP to enter my PIN 92618  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**33574862652**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Extended to May 15, 2018

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Laguna Playhouse</b>		<b>D</b> Employer identification number <b>95-1509841</b>
	Doing business as		<b>E</b> Telephone number <b>(949) 497-2787</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>P.O. BOX 1747</b>		<b>G</b> Gross receipts \$ <b>5,895,251.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Laguna Beach, CA 92652-1747</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>Ellen Richard same as C above</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>www.lagunaplayhouse.com</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1929</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To produce theatrical performances &amp; educational programs to the community.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>142</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>220</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,691,766.</b>	<b>2,226,868.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,316,283.</b>	<b>3,354,135.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,344.</b>	<b>587.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>91,635.</b>	<b>57,207.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,101,028.</b>	<b>5,638,797.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,934,262.</b>	<b>2,207,722.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>404,752.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,798,276.</b>	<b>2,828,114.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,732,538.</b>	<b>5,035,836.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>368,490.</b>	<b>602,961.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,828,797.</b>	<b>4,214,915.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,359,516.</b>	<b>2,142,673.</b>
		<b>1,469,281.</b>	<b>2,072,242.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>Ellen Richard, Executive Director</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Rick Smetanka</b>	Preparer's signature	Date
	Firm's name ▶ <b>Haskell &amp; White LLP</b>	Firm's EIN ▶ <b>33-0310569</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01677376</b>
Firm's address ▶ <b>300 Spectrum Center Drive, Suite 300 Irvine, CA 92618</b>		Phone no. <b>949-450-6200</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Laguna Playhouse's mission is to enrich lives through the magic of live theatre, to provide educational opportunities for children and adults, and to create experiences that stimulate cultural and social interaction and inspire our community.

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

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

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

4a (Code: ) (Expenses \$ 3,920,163. including grants of \$ ) (Revenue \$ 3,286,612.) Main Stage Theatre Productions: The Laguna Playhouse is the oldest continually operating theatre on the West Coast. It is recognized as one of California's premier resident theatres, performing award-winning live theatre since 1920. Its activities include six Main Stage productions with over 300 performances year round for a diverse audience of over 100,000 Orange County residents and visitors. The Laguna Playhouse, a 501(c)3 nonprofit, has received numerous artistic and education awards.

4b (Code: ) (Expenses \$ 16,707. including grants of \$ ) (Revenue \$ 14,800.) Youth Education Outreach Program: TheatreReach: Bringing Books to Life is an educational outreach program that supports literacy by touring plays adapted from required books in the California State curriculum. It serves over 10,000 elementary school students in Southern California each year. TheatreReach is the only in-school performing arts program that addresses California State History and Literature Content Standards for grades K-6.

4c (Code: ) (Expenses \$ 50,158. including grants of \$ ) (Revenue \$ 52,723.) Youth Education Programs: -Conservatory: offering comprehensive, after school, year-long theatre training in a professional setting for talented, aspiring young actors, ages 10-18. Scholarships are available for low-income youth. -Youth Theatre: a nationally recognized series of fully-staged productions of popular stories for family audiences. -Theatre for a New Generation: offers provocative, issue-oriented dramas aimed at teens, parents and educators. -Spring/Summer Workshops: offers youth hands-on experiential learning with theatre professionals.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,987,028.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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 "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Irene Samadoff - 949-494-6973 P.O. BOX 1747, Laguna Beach, CA 92652-1747

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Timothy D Carlyle Trustee	4.00	X					0.	0.	0.	
(2) Cody Engle Trustee	4.00	X					0.	0.	0.	
(3) Glenn Gray Treasurer	4.00	X		X			0.	0.	0.	
(4) Lisa Hale Trustee	4.00	X					0.	0.	0.	
(5) Joe Hanauer Co-Chairman	4.00	X		X			0.	0.	0.	
(6) Cynthia Harriss Vice Treasurer	4.00	X		X			0.	0.	0.	
(7) Jim Mellor Trustee	4.00	X					0.	0.	0.	
(8) Justin Myers Trustee	4.00	X					0.	0.	0.	
(9) Heidi Miller Trustee	4.00	X					0.	0.	0.	
(10) Paul Singarella Co-Chairman	4.00	X		X			0.	0.	0.	
(11) Terri Turner Secretary	4.00	X		X			0.	0.	0.	
(12) Ann Wareham Artistic Director	40.00	X		X			122,206.	0.	6,300.	
(13) Melinda Masson Trustee	4.00	X					0.	0.	0.	
(14) Jared Mathis Trustee	4.00	X					0.	0.	0.	
(15) Greg MacGillivray Trustee	4.00	X					0.	0.	0.	
(16) Barbara MacGillivray Trustee	4.00	X					0.	0.	0.	
(17) Tim Spangler Trustee	4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Toni Alexander Trustee	4.00	X					0.	0.	0.	
(19) Gary Jenkins Trustee	4.00	X					0.	0.	0.	
(20) Nicholas Yrizarry Trustee	4.00	X					0.	0.	0.	
(21) Jamie Walters El-Erian Trustee	4.00	X					0.	0.	0.	
(22) Ellen Richard Executive Director	40.00	X		X			97,319.	0.	16,763.	
(23) Gregory Andrews Trustee	4.00	X					0.	0.	0.	
(24) Steven R. Chidester Trustee	4.00	X					0.	0.	0.	
(25) Ken Fischbeck Trustee	4.00	X					0.	0.	0.	
(26) James Hale Trustee	4.00	X					0.	0.	0.	
<b>1b Sub-total</b>							219,525.	0.	23,063.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							219,525.	0.	23,063.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Eighty-Eight LLC P.O. Box 20116, Baltimore, MD 21284-0116	Royalties	168,737.
Boebe Productions P.O. Box 1424, Beach Haven, NJ 08008	Royalties	143,242.
Magic Pictures International, 7800 Beverly Blvd #207, Los Angeles, CA 90046	Royalties	115,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	340,227.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	339,260.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,547,381.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		96,581.				
	<b>h Total.</b> Add lines 1a-1f .....		2,226,868.				
	<b>Program Service Revenue</b>	<b>2 a Admissions</b> .....	<b>Business Code</b> 711110	3,022,547.	3,022,547.		
<b>b Concessions</b> .....		711110	212,300.	212,300.			
<b>c Tuition</b> .....		711110	52,723.	52,723.			
<b>d Other</b> .....		711110	51,765.	51,765.			
<b>e Touring</b> .....		711110	14,800.	14,800.			
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			3,354,135.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		587.			587.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 340,227. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		313,661.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	256,454.			
		<b>c</b> Net income or (loss) from fundraising events .....		57,207.			57,207.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			5,638,797.	3,354,135.	0.	57,794.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,335.	247,335.	78,000.	12,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,576,681.	1,163,424.	188,181.	225,076.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,421.		47,421.	
9 Other employee benefits	85,369.	64,916.	11,871.	8,582.
10 Payroll taxes	160,916.	109,956.	31,848.	19,112.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	490,150.	282,433.	118,689.	89,028.
12 Advertising and promotion	313,281.	303,590.	1,927.	7,764.
13 Office expenses	75,434.	56,575.	15,087.	3,772.
14 Information technology				
15 Royalties				
16 Occupancy	184,569.	159,294.	19,295.	5,980.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,911.	45,444.	3,462.	6,005.
20 Interest	133,821.	127,130.		6,691.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,741.	104,811.	16,413.	3,517.
23 Insurance	84,728.	35,832.	46,905.	1,991.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Theatrical Fees</b>	870,952.	870,952.		
b <b>Concession and Other</b>	208,093.	191,974.	7,981.	8,138.
c <b>Repairs and Maintenance</b>	132,452.	105,962.	26,490.	
d <b>Costumes, Scenery &amp; Spe</b>	90,888.	89,298.	1,590.	0.
e All other expenses	64,094.	28,102.	28,896.	7,096.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,035,836.	3,987,028.	644,056.	404,752.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	541,585.	<b>1</b>	1,304,488.
	<b>2</b> Savings and temporary cash investments .....	430,445.	<b>2</b>	479,309.
	<b>3</b> Pledges and grants receivable, net .....	792,105.	<b>3</b>	763,722.
	<b>4</b> Accounts receivable, net .....	6,654.	<b>4</b>	14,429.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	322,102.	<b>9</b>	334,390.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,395,226.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,257,752.	<b>10c</b>	1,137,474.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	176,819.	<b>12</b>	178,596.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,558.	<b>15</b>	2,507.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,828,797.	<b>16</b>	4,214,915.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	145,228.	<b>17</b>	250,465.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	937,555.	<b>19</b>	1,174,294.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	276,733.	<b>23</b>	717,914.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,359,516.	<b>26</b>	2,142,673.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	557,194.	<b>27</b>	718,161.
	<b>28</b> Temporarily restricted net assets .....	789,697.	<b>28</b>	1,223,591.
	<b>29</b> Permanently restricted net assets .....	122,390.	<b>29</b>	130,490.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,469,281.	<b>33</b>	2,072,242.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,828,797.	<b>34</b>	4,214,915.	



**Part XI Reconciliation of Net Assets**

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

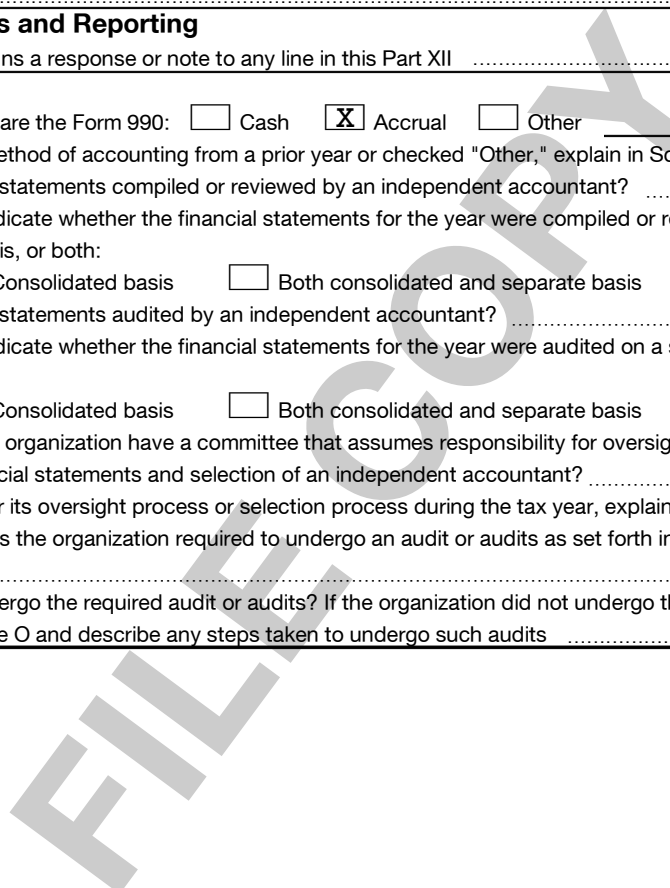
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,638,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,035,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	602,961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,469,281.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,072,242.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	757,159.	1,078,856.	1,077,206.	1,691,766.	2,226,868.	6,831,855.
<b>2</b> 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 .....	2,868,940.	3,327,088.	3,351,119.	3,595,330.	3,667,796.	16,810,273.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3,626,099.	4,405,944.	4,428,325.	5,287,096.	5,894,664.	23,642,128.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	65,230.	135,452.	125,826.	298,125.	9,695.	634,328.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....	65,230.	135,452.	125,826.	298,125.	9,695.	634,328.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						23,007,800.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....	3,626,099.	4,405,944.	4,428,325.	5,287,096.	5,894,664.	23,642,128.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,616.	1,147.	1,147.	1,344.	587.	5,841.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	1,616.	1,147.	1,147.	1,344.	587.	5,841.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,627,715.	4,407,091.	4,429,472.	5,288,440.	5,895,251.	23,647,969.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	97.29 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	96.74 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.02 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	.04 %

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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
<b>1</b> 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
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016



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

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Horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

The Laguna Playhouse

Employer identification number

95-1509841

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Nolet Spirits 30 Journey Aliso Viejo, CA 92656	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Wells Fargo Foundation 2030 Main Street, 11th Floor Irvine, CA 92614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Laguna Beach Festival of Arts Foundation 650 Laguna Canyon Road Laguna Beach, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	William Gillespie Foundation 359 San Miguel Drive, Ste 209 Newport Beach, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Ms. Diane E. Kraemer 31182 Paseo Amapola San Juan Capistrano, CA 92675-2227	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Lloyd & Laretta Dyer Family Foundation 23611 Via Storni Mission Viejo, CA 92692	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Terry And Toni McDonald Household 26568 Calle Lorenzo San Juan Capistrano, CA 92675	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Mission Hospital Foundation 27700 Medical Center Road Mission Viejo, CA 92691	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Southern California Edison 2244 Walnut Grove Ave Rosemead, CA 91770	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Upham Realty Company 432 Hillcrest Dr. Encinitas, CA 92024-1529	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SVA Architects 3 MacArthur Place, Suite 850 Santa Ana Heights, CA 92707	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	South County Bank 2 Venture, Suite 120 Irvine, CA 92618	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Thomas Schumacher 342 Mitchell St. Hillsdale, NY 12529	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Rick and Kitty Malcolm Household 729 Marlin Laguna Beach, CA 92651	\$ 5,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Tom And Karen Mauro Household 4 Barranca Way Laguna Beach, CA 92651-6737	\$ 5,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Jerry And Maralou Harrington Household 10 Geneve Newport Beach, CA 92660	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	The Capital Group Companies Charitable Foundation 400 South Hope St., 22nd Floor Los Angeles, CA 90071	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Mr. Don Crevier 365-B Clinton St. Costa Mesa, CA 92626	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Robert J. & Doreen D. Marshall Fund 4041 MacArthur Boulevard, Suite 510 Newport Beach, CA 92660	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Alan and Debbi Rye Household 25132 Anvil Circle Laguna Hills, CA 92653	\$ 6,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Ernesto And Socorro Vasquez Household 475 El Camino Del Mar Laguna Beach, CA 92651	\$ 6,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Lou And Laura Rohl Household 580 Allview Terrace Laguna Beach, CA 92651	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	The Allergan Foundation 2525 Dupont Drive Irvine, CA 92623-9534	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Surterre Properties 1400 Newport Center Drive, Suite 100 Newport Beach, CA 92660	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Mohamed El-Erian and Jamie Walters El-Erian Household 1278 Glenneyre St #274 Laguna Beach, CA 92651	\$ 7,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Ms. Cynthia Harriss 1018 Marine Drive Laguna Beach, CA 92651	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Timothy And Lyn Carlyle Household 2215 Bridge Road Laguna Beach, CA 92651	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Ms. Toni Alexander 2553 Monaco Laguna Beach, CA 92651	\$ 8,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Ken And Lynda Fischbeck Household 57 La Costa Ct Laguna Beach, CA 92651	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	David And Brenda Hopper Household 303 Crescent Bay Dr. Laguna Beach, CA 92651	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Mr. Mark Kerlake  26 Corporate Plaza Ste. 260  Newport Beach, CA 92660	\$ 9,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Bill Brownson and Terri Turner Household  10 Via Tunas  San Clemente, CA 92673	\$ 9,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Tom And Carolyn Bent Household  1065 Dyer Place  Laguna Beach, CA 92651-3016	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	John And Gail Ueberroth Household  26 Corporate Plaza Drive Suite 150  Newport Beach, CA 92660-7961	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Assistance League of Laguna Beach  547 Catalina Street  Laguna Beach, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Ueberroth Family Foundation  PO Box 37  Corona Del Mar, CA 92625	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	The Shubert Foundation 234 West 44th Street New York, NY 10036	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	John And Ann Clark Household 1791 Ocean Way Laguna Beach, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Mr. Christopher Quilter 374 Myrtle Street Laguna Beach, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Pacific Life Foundation 700 Newport Center Drive Newport Beach, CA 92660-6397	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	US Bank 555 E. Ocean Blvd Long Beach, CA 90802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Jay Herron And Dana Klein Household 22 Bayporte Irvine, CA 92614	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Ms. Judi Gorski 449 Blumont St Laguna Beach, CA 92651-2342	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Ms. Jacqueline Sanson 791 Barracuda Way Laguna Beach, CA 92651	\$ 10,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Dorothy Bendetti 523 Emerald Bay Laguna Beach, CA 92651	\$ 11,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Otis And Joann Healy Household 1035 Granville Dr. Newport Beach, CA 92660	\$ 11,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Nicholas Yrizarry Advisors 361 Forest Ave. Suite 201 Laguna Beach, CA 92651	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Francine And Daniel Scinto Household 250 North Golden Circle Drive, #211 Santa Ana, CA 92705	\$ 13,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Ms. Bobbi Cox P.O. Box 9938 Newport Beach, CA 92658	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Timothy And Tanya Spangler Household 257 Emerald Bay Laguna Beach, CA 92651	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	O.L. Halsell Foundation P.O. Box 6300 Santa Ana, CA 92706	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	Haskell & White, LLP 300 Spectrum Center Drive, Suite 300 Irvine, CA 92618	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Brent And Diane Liljestrom Household 2646 Victoria Drive Laguna Beach, CA 92651	\$ 16,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Sandra and Ray Wirta Household 81 Emerald Bay Laguna Beach, CA 92651	\$ 16,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Marisla Fund of Orange County Community Foundation 4041 MacArthur Boulevard, Suite 510 Newport Beach, CA 92660	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Jeff and Carla Meberg Household 2255 Crestview Dr Laguna Beach, CA 92651	\$ 24,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Ms. Barbara Roberts 207 North Star Lane Newport Beach, CA 92660	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	The Moulton Company 300 Spectrum Center Drive, Suite 300 Irvine, CA 92618	\$ 25,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Glenn Gray And Kathryn Burton Household 1028 Van Dyke Drive Laguna Beach, CA 92651-3459	\$ 25,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Gary And Betsy Jenkins Household 1739 Alisos Ave Laguna Beach, CA 92651-4139	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Arn And Nancy Youngman Household PO Box 3060 Newport Beach, CA 92658	\$ 29,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Ms. Melinda Masson 1988 Donna Drive Laguna Beach, CA 92651-2623	\$ 35,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Greg And Barbara MacGillivray Household 741 Oceanfront Laguna Beach, CA 92651	\$ 35,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	Cody And Deborah Engle Household 1206 Morningside Drive Laguna Beach, CA 92651	\$ 37,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	Ms. Jamie Walters El-Erian 1278 Glenneyre St #274 Laguna Beach, CA 92651	\$ 38,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Joe And Jane Hanauer Household 1200 S. Coast Highway #204 Laguna Beach, CA 92651	\$ 39,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Paul And Heather Singarella Household 846 Cliff Drive Laguna Beach, CA 92651	\$ 42,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	James And Suzanne Mellor Household 15 Montage Way Laguna Beach, CA 92651	\$ 85,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Laguna Beach Business Improvement District 505 Forest Ave. Laguna Beach, CA 92651	\$ 339,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	Gelson's Market 16400 Ventura Blvd. Encino, CA 91436	\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	Montage Laguna Beach 30801 South Coast Hwy Laguna Beach, CA 92651	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	Ortho Mattress Inc. 15300 Valley View Blvd. La Mirada, CA 90638	\$ 5,092.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Spirits (bottles of alcohol) _____ _____ _____	\$ 6,000.	08/05/16
70	Gift certificates _____ _____ _____	\$ 5,500.	11/02/16
71	room accomodations _____ _____ _____	\$ 5,000.	04/17/17
72	Mattresses _____ _____ _____	\$ 5,092.	03/17/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>The Laguna Playhouse</b>	Employer identification number  <b>95-1509841</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** The Laguna Playhouse **Employer identification number** 95-1509841

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically 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 conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,390.	109,920.	104,907.	49,320.	49,320.
b Contributions	8,100.	12,470.	6,545.	57,342.	
c Net investment earnings, gains, and losses		879.			
d Grants or scholarships		879.	1,532.	1,755.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	130,490.	122,390.	109,920.	104,907.	49,320.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		437,606.		437,606.
b Buildings		365,295.	114,204.	251,091.
c Leasehold improvements		1,544,581.	1,213,710.	330,871.
d Equipment		941,119.	816,524.	124,595.
e Other		106,625.	113,314.	-6,689.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,137,474.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,607,725.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	12,473.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	256,454.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	268,927.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,338,798.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	299,999.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	299,999.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,638,797.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,004,764.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	12,473.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	256,454.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	268,927.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,735,837.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	299,999.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	299,999.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,035,836.

**Part XIII Supplemental Information.**

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

**Part X, Line 2:**

As stated in the Organization's audited financial statements, "Management does not believe the Playhouse has any potential uncertain tax positions, such as unrelated business income or activities that may jeopardize its tax-exempt status."

**Part XI, Line 2d - Other Adjustments:**

Special Events Direct Expenses 256,454.

**Part XI, Line 4b - Other Adjustments:**

Special event indirect expenses offsetting revenue 299,999.

**Part XIII** Supplemental Information *(continued)*

Part XII, Line 2d - Other Adjustments:

Special Events Direct Expenses 256,454.

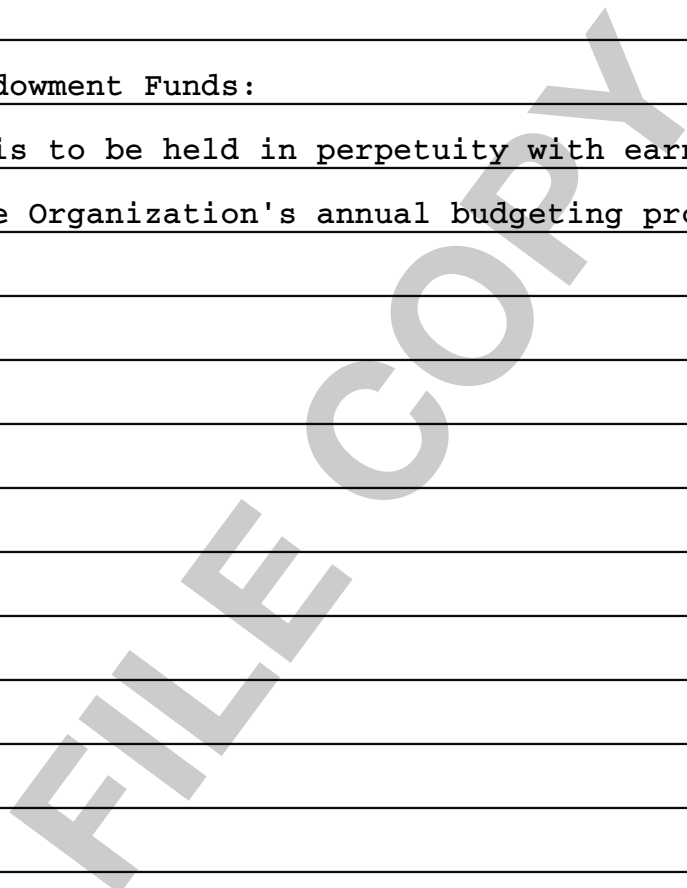
Part XII, Line 4b - Other Adjustments:

Special event indirect expenses offsetting revenue 299,999.

Part V, Line 4

Intended Uses of Endowment Funds:

The endowment fund is to be held in perpetuity with earnings appropriated annually through the Organization's annual budgeting process.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		Gala	Murder Mystery	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....	565,557.	71,021.	17,310.	653,888.
	2	Less: Contributions .....	309,653.	30,234.	340.	340,227.
	3	Gross income (line 1 minus line 2) .....	255,904.	40,787.	16,970.	313,661.
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	74,605.			74,605.
	7	Food and beverages .....		5,546.		5,546.
	8	Entertainment .....	5,587.			5,587.
	9	Other direct expenses .....	121,683.	44,613.	4,420.	170,716.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				256,454.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				57,207.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Laguna Playhouse

Employer identification number

95-1509841

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joseph Hanauer	Chairman of the Boa	23,607.	Office Leas		X
Glenn Gray	Treasurer	642,907.	Bank loans		X
Glenn Gray	Treasurer	74,950.	In May 2017		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Joseph Hanauer

(b) Relationship Between Interested Person and Organization:

Chairman of the Board

(d) Description of Transaction: Office Lease - On April 1, 2012, the Playhouse entered into a 36 month lease for office space at 580 Broadway, Laguna Beach, California. The lessor is an entity that is controlled by the chairman of the board of trustees of the Playhouse, Joe Hanauer.

There was no base rent due from the start of the lease through June 30, 2014. Starting July 1, 2014, the base rent will be \$1,613 per month or \$19,350 per annum. During fiscal year 2015, this lease was extended for an additional 36 months at the same rate of \$1,613 per month. For the year ended June 30, 2017, the Playhouse incurred rent expense associated with this lease of \$23,607.

(a) Name of Person: Glenn Gray

(d) Description of Transaction: Bank loans - On August 27, 2014 the Playhouse entered into a loan agreement with a bank, where Mr. Gray serves as CEO and President, with an original maximum borrowing amount of \$130,000, variable interest rate of 1.5% per annum, and maturity date of

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

December 5, 2019. On January 15, 2015, the credit limit under the note was increased to \$146,000. The balance due under this loan was \$74,950 as of June 30, 2017. The loan is secured by a \$147,335 certificate of deposit with a term of more than ninety days, which earns interest at 0.35% per annum and is classified as an investment. Annually, the certificate of deposit interest rate will be evaluated by the bank, and if it is revised, the interest rate on the loan will also be adjusted to maintain a 1.5% spread.

In May 2017, the Playhouse entered into a \$647,500 mortgage note payable agreement with a bank, where Mr. Gray serves as CEO and President, to purchase a condominium, as well as refinance three separate existing mortgage notes. T

(a) Name of Person: Glenn Gray

(d) Description of Transaction: In May 2017, the Playhouse entered into a \$647,500 mortgage note payable agreement with a bank, where Mr. Gray serves as CEO and President, to purchase a condominium, as well as refinance three separate existing mortgage notes. The note currently bears interest at 5% and is amortized over 10 years maturing on May 16, 2027. The balance due as of June 30, 2017 was \$642,907, and the note payable is collateralized by four condominium properties. A Trustee of the Playhouse is an executive with this financial institution.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **The Laguna Playhouse** Employer identification number **95-1509841**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,092.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	6,000.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Gift certific )	X	1	5,500.	FMV
26 Other ( Room accomoda )	X	1	5,000.	
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

FILE COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

The Laguna Playhouse

Employer identification number

95-1509841

Form 990, Part VI, Section A, line 2:

- Trustees Greg and Barbara MacGillivray are husband and wife.

Form 990, Part VI, Section B, line 11b:

- The Audit & Finance Committee is responsible for reviewing the Laguna Playhouse's Form 990 (including all pertinent Schedules) before it is filed with the Internal Revenue Service.

- A draft of the Form 990 is obtained and reviewed by the Audit & Finance Committee before the filing deadline.

- If the Audit & Finance Committee desires more information in the process of its review of the Form 990, then they will contact the preparer of the Form 990 to request copies of the relevant detailed tax return work papers which they would like to see and/or make inquiries of the preparer.

- Once the Audit & Finance Committee has completed its initial review of the Form 990, a meeting or conference call may be scheduled with the preparer of the Form 990 (regardless of whether the Form 990 is externally or internally prepared) to discuss any questions, comments, and suggested revisions identified by the Audit & Finance Committee.

- The preparer of the Form 990 will make any revisions to the Form 990 as soon as feasibly possible to ensure that the Form 990 is filed with the Internal Revenue Service on a timely basis.

- All questions, comments, and suggested revisions set forth by the Audit & Finance Committee are documented, along with any responses from the preparer of the Form 990, if applicable.

- After the Form 990 has been reviewed by the Audit & Finance Committee and filed with the Internal Revenue Service, the Audit & Finance Committee will

Name of the organization

The Laguna Playhouse

Employer identification number

95-1509841

make a report at the next full Board of Directors meeting to update the full Board regarding its review of the Form 990.

Form 990, Part VI, Section B, Line 12c:

All Board members are required to sign a statement of compliance with the conflict of interest policy annually, and are advised throughout the year to report any changes in status when it arises.

Form 990, Part VI, Section B, Line 15:

The Laguna Playhouse follows the procedures set forth below in determining compensation arrangements for its Artistic Director, its Executive Director, and any other employee who is considered a Key Employee for purposes of IRS Form 990.

1. The compensation arrangement will be approved in advance by an authorized body composed of members of the Board of Trustees who do not have a conflict of interest concerning the compensation arrangement. The authorized body will consist of the Chairperson of the Board of Trustees, unless for a particular compensation arrangement, the Chairperson of the Board of Trustees designates a different authorized body. The compensation arrangement will be included and part of the annual budget for the Laguna Playhouse.

2. Prior to making its determination, the authorized body will obtain and rely upon appropriate data as to comparability. The Theater Communications Group salary survey will be used for benchmark purposes.

3. The authorized body adequately and timely documents the basis for its determination concurrently with making that determination.

Form 990, Part VI, Section C, Line 19:

Name of the organization <b>The Laguna Playhouse</b>	Employer identification number <b>95-1509841</b>
---	---

The following documents of the Laguna Playhouse will be available (for inspection or copying) at the Laguna Playhouse's main office during normal business hours at no charge:

- Tax Exemption Application (Form 1023)
- Internal Revenue Service Determination Letter
- Articles of Incorporation
- By-Laws
- Conflict of Interest Policy
- Most Recent Audited Financial Statements

The public inspection copy of the Laguna Playhouse's Form 990, from the previous three years (at a minimum), will be available (for inspection or copying) at the Laguna Playhouse's main office during normal business hours at no charge.

The public inspection copy of the Form 990 will not include the schedule of Schedule A excess contributors or the Schedule B names and addresses of contributors.

The Laguna Playhouse will make best efforts to ensure that the Forms 990 held at their main office is the most updated version. For example, in the instance where a Form 990 has been amended, the amended version of the Form 990 should be the one available for public inspection.

When responding to a public inspection request for any Laguna Playhouse document or Form 990 by anyone, the Laguna Playhouse shall fulfill such request in a timely fashion without inquiring as to the reason for the public inspection request.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>The Laguna Playhouse</b>	Employer identification number (EIN) or  <b>95-1509841</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1747</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Laguna Beach, CA 92652-1747</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Irene Samadoff**

• The books are in the care of ▶ **P.O. BOX 1747 - Laguna Beach, CA 92652-1747**  
Telephone No. ▶ **949-494-6973** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **May 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

Corporation/Organization name <b>THE LAGUNA PLAYHOUSE</b>		California corporation number <b>0136692</b>	
Additional information. See instructions.		FEIN <b>95-1509841</b>	
Street address (suite or room) <b>P.O. BOX 1747</b>		PMB no.	
City <b>LAGUNA BEACH</b>		State <b>CA</b>	ZIP code <b>92652-1747</b>
Foreign country name		Foreign province/state/country	
		Foreign postal code	

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,668,383.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,226,868.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	5,895,251.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	5,895,251.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	5,292,290.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	602,961.00
<b>Filing Fee</b>	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	10.00
16 Penalties and Interest. See General Instruction J	16	00	
17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00	

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

<b>Sign Here</b>	Signature of officer <b>EXECUTIVE DIRE</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	• PTIN <b>P01677376</b>
	Firm's name (or yours, if self-employed) and address <b>HASKELL &amp; WHITE LLP 300 SPECTRUM CENTER DRIVE, SUITE 300 IRVINE, CA 92618</b>		• FEIN <b>33-0310569</b>
			• Telephone <b>949-450-6200</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

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

628951 11-30-16

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	313,661.00	
	2	Interest	•	2	587.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	3,354,135.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	3,668,383.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	337,335.00	
	12	Other salaries and wages	•	12	1,576,681.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	133,821.00
		14	Taxes	•	14	160,916.00
		15	Rents	•	15	184,569.00
		16	Depreciation and depletion (See instructions)	•	16	124,741.00
		17	Other Expenses and Disbursements	•	17	2,774,227.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,292,290.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		972,030.		1,783,797.
2	Net accounts receivable		6,654.		14,429.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments <b>STMT 6</b>		176,819.		178,596.
10 a	Depreciable assets	2,564,919.		2,957,620.	
b	Less accumulated depreciation	( 2,133,012. )	431,907.	( 2,257,752. )	699,868.
11	Land		125,622.		437,606.
12	Other assets <b>STMT 7</b>		1,115,765.		1,100,619.
13	<b>Total assets</b>		2,828,797.		4,214,915.
<b>Liabilities and net worth</b>					
14	Accounts payable		145,228.		250,465.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		276,733.		717,914.
18	Other liabilities <b>STMT 8</b>		937,555.		1,174,294.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,469,281.		2,072,242.
22	<b>Total liabilities and net worth</b>		2,828,797.		4,214,915.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	602,961.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	602,961.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	602,961.



Form 199 Cash Contributions Statement 1  
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Wells Fargo Foundation	2030 Main Street, 11th Floor Irvine, CA 92614	06/06/17	5,000.
Laguna Beach Festival of Arts Foundation	650 Laguna Canyon Road Laguna Beach, CA 92651	03/21/17	5,000.
William Gillespie Foundation	359 San Miguel Drive, Ste 209 Newport Beach, CA 92660	07/11/16	5,000.
Ms. Diane E. Kraemer	31182 Paseo Amapola San Juan Capistrano, CA 92675-2227	03/21/17	5,000.
Lloyd & Lauretta Dyer Family Foundation	23611 Via Storni Mission Viejo, CA 92692	12/20/16	5,000.
Terry And Toni McDonald Household	26568 Calle Lorenzo San Juan Capistrano, CA 92675	11/29/16	5,000.
Mission Hospital Foundation	27700 Medical Center Road Mission Viejo, CA 92691	04/10/17	5,000.
Southern California Edison	2244 Walnut Grove Ave Rosemead, CA 91770	12/28/16	5,000.
Upham Realty Company	432 Hillcrest Dr. Encinitas, CA 92024-1529	09/16/16	5,000.
SVA Architects	3 MacArthur Place, Suite 850 Santa Ana Heights, CA 92707	06/13/17	5,000.
South County Bank	2 Venture, Suite 120 Irvine, CA 92618	06/23/17	5,000.
Thomas Schumacher	342 Mitchell St. Hillsdale, NY 12529	06/29/17	5,000.
Rick and Kitty Malcolm Household	729 Marlin Laguna Beach, CA 92651	04/29/17	5,204.
Tom And Karen Mauro Household	4 Barranca Way Laguna Beach, CA 92651-6737	03/15/17	5,456.
Jerry And Maralou Harrington Household	10 Geneve Newport Beach, CA 92660	12/21/16	5,500.

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The Capital Group Companies Charitable Foundation	400 South Hope St., 22nd Floor Los Angeles, CA 90071	12/30/16	5,500.
Mr. Don Crevier	365-B Clinton St. Costa Mesa, CA 92626	04/29/17	5,500.
Robert J. & Doreen D. Marshall Fund	4041 MacArthur Boulevard, Suite 510 Newport Beach, CA 92660	06/20/17	6,000.
Alan and Debbi Rye Household	25132 Anvil Circle Laguna Hills, CA 92653	10/27/16	6,225.
Ernesto And Socorro Vasquez Household	475 El Camino Del Mar Laguna Beach, CA 92651	05/23/17	6,525.
Lou And Laura Rohl Household	580 Allview Terrace Laguna Beach, CA 92651	04/29/17	7,400.
The Allergan Foundation	2525 Dupont Drive Irvine, CA 92623-9534	09/27/16	7,500.
Surterre Properties	1400 Newport Center Drive, Suite 100 Newport Beach, CA 92660	02/22/17	7,500.
Mohamed El-Erian and Jamie Walters El-Erian Household	1278 Glenneyre St #274 Laguna Beach, CA 92651	10/12/16	7,570.
Ms. Cynthia Harriss	1018 Marine Drive Laguna Beach, CA 92651	12/21/16	7,700.
Timothy And Lyn Carlyle Household	2215 Bridge Road Laguna Beach, CA 92651	08/25/16	7,800.
Ms. Toni Alexander	2553 Monaco Laguna Beach, CA 92651	06/30/17	8,050.
Ken And Lynda Fischbeck Household	57 La Costa Ct Laguna Beach, CA 92651	12/02/16	8,200.
David And Brenda Hopper Household	303 Crescent Bay Dr. Laguna Beach, CA 92651	03/30/17	8,500.
Mr. Mark Kerslake	26 Corporate Plaza Ste. 260 Newport Beach, CA 92660	04/29/17	9,070.
Bill Brownson and Terri Turner Household	10 Via Tunas San Clemente, CA 92673	11/30/16	9,515.
Tom And Carolyn Bent Household	1065 Dyer Place Laguna Beach, CA 92651-3016	07/11/16	10,000.

<u>The Laguna Playhouse</u>			<u>95-1509841</u>
John And Gail Ueberroth Household	26 Corporate Plaza Drive Suite 150 Newport Beach, CA 92660-7961	05/04/17	10,000.
Assistance League of Laguna Beach	547 Catalina Street Laguna Beach, CA 92651	04/10/17	10,000.
Ueberroth Family Foundation	PO Box 37 Corona Del Mar, CA 92625	10/21/16	10,000.
The Shubert Foundation	234 West 44th Street New York, NY 10036	06/06/17	10,000.
John And Ann Clark Household	1791 Ocean Way Laguna Beach, CA 92651	12/19/16	10,000.
Mr. Christopher Quilter	374 Myrtle Street Laguna Beach, CA 92651	03/17/17	10,000.
Pacific Life Foundation	700 Newport Center Drive Newport Beach, CA 92660-6397	11/17/16	10,000.
US Bank	555 E. Ocean Blvd Long Beach, CA 90802	06/06/17	10,000.
Jay Herron And Dana Klein Household	22 Bayporte Irvine, CA 92614	12/19/16	10,150.
Ms. Judi Gorski	449 Blumont St Laguna Beach, CA 92651-2342	04/29/17	10,150.
Ms. Jacqueline Sanson	791 Barracuda Way Laguna Beach, CA 92651	09/27/16	10,325.
Dorothy Bendetti	523 Emerald Bay Laguna Beach, CA 92651	07/27/16	11,325.
Otis And Joann Healy Household	1035 Granville Dr. Newport Beach, CA 92660	04/29/17	11,685.
Nicholas Yrizarry Advisors	361 Forest Ave. Suite 201 Laguna Beach, CA 92651	01/05/17	12,750.
Francine And Daniel Scinto Household	250 North Golden Circle Drive, #211 Santa Ana, CA 92705	08/22/16	13,700.
Ms. Bobbi Cox	P.O. Box 9938 Newport Beach, CA 92658	06/16/17	15,000.
Timothy And Tanya Spangler Household	257 Emerald Bay Laguna Beach, CA 92651	03/09/17	15,000.
O.L. Halsell Foundation	P.O Box 6300 Santa Ana, CA 92706	12/22/16	15,000.

<u>The Laguna Playhouse</u>			<u>95-1509841</u>
Haskell & White, LLP	300 Spectrum Center Drive, Suite 300 Irvine, CA 92618	09/15/16	16,000.
Brent And Diane Liljestrom Household	2646 Victoria Drive Laguna Beach, CA 92651	03/09/17	16,725.
Sandra and Ray Wirta Household	81 Emerald Bay Laguna Beach, CA 92651	04/29/17	16,800.
Marisla Fund of Orange County Community Foundation	4041 MacArthur Boulevard, Suite 510 Newport Beach, CA 92660	04/04/17	20,000.
Jeff and Carla Meberg Household	2255 Crestview Dr Laguna Beach, CA 92651	03/21/17	24,850.
Ms. Barbara Roberts	207 North Star Lane Newport Beach, CA 92660	05/23/17	25,000.
The Moulton Company	300 Spectrum Center Drive, Suite 300 Irvine, CA 92618	10/21/16	25,750.
Glenn Gray And Kathryn Burton Household	1028 Van Dyke Drive Laguna Beach, CA 92651-3459	06/23/17	25,805.
Gary And Betsy Jenkins Household	1739 Alisos Ave Laguna Beach, CA 92651-4139	05/25/17	27,500.
Arn And Nancy Youngman Household	PO Box 3060 Newport Beach, CA 92658	04/14/17	29,850.
Ms. Melinda Masson	1988 Donna Drive Laguna Beach, CA 92651-2623	12/28/16	35,800.
Greg And Barbara MacGillivray Household	741 Oceanfront Laguna Beach, CA 92651	12/28/16	35,850.
Cody And Deborah Engle Household	1206 Morningside Drive Laguna Beach, CA 92651	04/04/17	37,355.
Ms. Jamie Walters El-Erian	1278 Glenneyre St #274 Laguna Beach, CA 92651	04/29/17	38,160.
Joe And Jane Hanauer Household	1200 S. Coast Highway #204 Laguna Beach, CA 92651	12/28/16	39,970.
Paul And Heather Singarella Household	846 Cliff Drive Laguna Beach, CA 92651	10/03/16	42,475.
James And Suzanne Mellor Household	15 Montage Way Laguna Beach, CA 92651	06/22/17	85,880.
Laguna Beach Business Improvement District	505 Forest Ave. Laguna Beach, CA 92651	05/22/17	339,212.
			<hr/> 1,292,782.

Total Included on Line 3

Form 199	NonCash Contributions Included on Part I, Line 3	Statement	2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Nolet Spirits	30 Journey Aliso Viejo, CA 92656		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Spirits (bottles of alcohol)	08/05/16	6,000.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Gelson's Market	16400 Ventura Blvd. Encino, CA 91436		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Gift certificates	11/02/16	5,500.	5,500.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Montage Laguna Beach	30801 South Coast Hwy Laguna Beach, CA 92651		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
room accomodations	04/17/17	5,000.	5,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Ortho Matress Inc.	15300 Valley View Blvd. La Mirada, CA 90638		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
Mattresses	03/17/17	5,092.	5,092.

Total Included on Line 3			21,592.
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Form 199	Other Income	Statement	3
Description		Amount	
Admissions		3,022,547.	
Tuition		52,723.	
Concessions		212,300.	
Other		51,765.	
Touring		14,800.	
Total to Form 199, Part II, line 7		3,354,135.	

Form 199	Compensation of Officers, Directors and Trustees	Statement	4
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Name and Address	Title and Average Hrs Worked/Wk	Compensation
Timothy D Carlyle P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Cody Engle P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Glenn Gray P.O. BOX 1747 Laguna Beach, CA 92652-1747	Treasurer 4.00	0.
Lisa Hale P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Joe Hanauer P.O. BOX 1747 Laguna Beach, CA 92652-1747	Co-Chairman 4.00	0.
Cynthia Harriss P.O. BOX 1747 Laguna Beach, CA 92652-1747	Vice Treasurer 4.00	0.
Jim Mellor P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.

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Justin Myers P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Heidi Miller P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Paul Singarella P.O. BOX 1747 Laguna Beach, CA 92652-1747	Co-Chairman 4.00	0.
Terri Turner P.O. BOX 1747 Laguna Beach, CA 92652-1747	Secretary 4.00	0.
Ann Wareham P.O. BOX 1747 Laguna Beach, CA 92652-1747	Artistic Director 40.00	137,335.
Melinda Masson P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Jared Mathis P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Greg MacGillivray P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Barbara MacGillivray P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Tim Spangler P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Toni Alexander P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Gary Jenkins P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Nicholas Yrizarry P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.

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Jamie Walters El-Erian P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Ellen Richard P.O. BOX 1747 Laguna Beach, CA 92652-1747	Executive Director 40.00	200,000.
Gregory Andrews P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Steven R. Chidester P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Ken Fischbeck P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
James Hale P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Sheila Hennessey P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Karen Wood P.O. BOX 1747 Laguna Beach, CA 92652-1747	Executive Director 40.00	0.
Kate Phelan P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.
Steve Robbins P.O. BOX 1747 Laguna Beach, CA 92652-1747	Trustee 4.00	0.

Total to Form 199, Part II, line 11

337,335.



Form 199	Other Expenses	Statement	5
<u>Description</u>		<u>Amount</u>	
Theatrical Fees		870,952.	
Concession and Other		208,093.	
Repairs and Maintenance		132,452.	
Costumes, Scenery & Spe		90,888.	
Direct expenses of fundraising events		256,454.	
Pension plan contributions		47,421.	
Other employee benefits		85,369.	
Other professional fees		490,150.	
Advertising and promotion		313,281.	
Office expenses		75,434.	
Conferences and conventions		54,911.	
Insurance		84,728.	
All other expenses		64,094.	
Total to Form 199, Part II, line 17		<u>2,774,227.</u>	

Form 199	Other Investments	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Actors' Equity Association Bonds		20,554.	21,817.
Theater Young Audiences Bonds		9,444.	9,444.
CD as Collateral on LOC		146,821.	147,335.
Total to Form 199, Schedule L, line 9		<u>176,819.</u>	<u>178,596.</u>

Form 199	Other Assets	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pledges and Grants Receivable		792,105.	763,722.
Prepaid Expenses and Deferred Charges		322,102.	334,390.
Deposits		1,558.	2,507.
Total to Form 199, Schedule L, line 12		<u>1,115,765.</u>	<u>1,100,619.</u>

Form 199	Other Liabilities	Statement	8
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Deferred Revenue		937,555.	1,174,294.
Total to Form 199, Schedule L, line 18		937,555.	1,174,294.

Form 199	Fund Balances	Statement	9
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Unrestricted Assets		557,194.	718,161.
Temporarily Restricted Assets		789,697.	1,223,591.
Permanently Restricted Assets		122,390.	130,490.
Total to Form 199, Schedule L, line 21		1,469,281.	2,072,242.

FILE COPY

**Voucher at bottom of page.**

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

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

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

**WHEN TO FILE:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

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

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

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

639035 12-08-16

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

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

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

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

0000000 LAGU 95-1509841 0136692 16 FORM 3  
TYB 07-01-2016 TYE 06-30-2017  
THE LAGUNA PLAYHOUSE

PO BOX 1747  
LAGUNA BEACH CA 92652-1747

(949) 497-2787

Amount of Payment 10.

TAXABLE YEAR  
**2016**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>THE LAGUNA PLAYHOUSE</b>	<b>95-1509841</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> 5,895,251.00
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> 5,895,251.00
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> 5,292,290.00

**Part II Settle Your Account Electronically for Taxable Year 2016**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	Signature of officer	Date	EXECUTIVE DIRECTOR	Title
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	HASKELL & WHITE LLP 300 SPECTRUM CENTER DR, STE 300 IRVINE, CA			FEIN 33-0310569 ZIP code 92618

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

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	HASKELL & WHITE LLP 300 SPECTRUM CENTER DRIVE, SUITE 300 IRVINE, CA			FEIN 33-0310569 ZIP code 92618

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

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

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

State Charity Registration Number: CT <u>07016</u>  <b>THE LAGUNA PLAYHOUSE</b> <small>Name of Organization</small>  <u>P.O. BOX 1747</u> <small>Address (Number and Street)</small>  <u>LAGUNA BEACH, CA 92652-1747</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0136692</u>  Federal Employer I.D. No. <u>95-1509841</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017 ) list:  
 Gross annual revenue \$ 5,638,797. Total assets \$ 4,214,915.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float:right"><b>SEE STATEMENT 10</b></span>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. <span style="float:right"><b>STMT 11</b></span>	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 12</b></span>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. <span style="float:right"><b>SEE STATEMENT 13</b></span>	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (949) 497-2787

Organization's e-mail address BOX\_OFFICE@LAGUNAPLAYHOUSE.COM

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

**ELLEN RICHARD**

**EXECUTIVE DIRECTOR**

Signature of authorized officer

Printed Name

Title

Date

Form RRF-1

Explanation of Financial Transactions  
Part B, Line 1

Statement 10

Office Lease - On April 1, 2012, the Playhouse entered into a 36 month lease for office space at 580 Broadway, Laguna Beach, California. The lessor is an entity that is controlled by the chairman of the board of trustees of the Playhouse, Joe Hanauer. There was no base rent due from the start of the lease through June 30, 2014. Starting July 1, 2014, the base rent will be \$1,613 per month or \$19,350 per annum. During fiscal year 2015, this lease was extended for an additional 36 months at the same rate of \$1,613 per month. For the year ended June 30, 2017, the Playhouse incurred rent expense associated with this lease of \$23,607.

Bank loan - On August 27, 2014 the Playhouse entered into a loan agreement with a bank, where Mr. Gray serves as CEO and President, with an original maximum borrowing amount of \$130,000, variable interest rate of 1.5% per annum, and maturity date of December 5, 2019. On January 15, 2015, the credit limit under the note was increased to \$146,000. The balance due under this loan was \$74,950 as of June 30, 2017. The loan is secured by a \$147,335 certificate of deposit with a term of more than ninety days, which earns interest at 0.35% per annum and is classified as an investment. Annually, the certificate of deposit interest rate will be evaluated by the bank, and if it is revised, the interest rate on the loan will also be adjusted to maintain a 1.5% spread.

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Form RRF-1

Information Regarding Professional  
Fund-Raising Services  
Part B, Line 5

Statement 11

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Theatre Direct  
4213 West Burbank Blvd., Burbank, CA 91505

FILE COPY

City of Laguna Beach  
505 Forest Avenue  
Laguna Beach, CA 92651  
949.497.3311

FILE COPY



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Form RRF-1

Explanation of Charitable Raffles  
Part B, Line 7

Statement 13

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1. Annual Gala held 04/29/2017
2. Murder Mystery held 02/17/2017

FILE COPY