## 2024

# **Accommodations Tax Funds Request Application**

Organization Name: Lean Ensemble Theater

**Project/Event Name:** Lean Ensemble Theater Productions

## **Executive Summary**

An ATAX Effectiveness Measurement form has been attached to this application.

The numbers provided are a single production budget vs actuals (for our spring 2023 production of the world premiere of our commission of *Mitchelville* by Aurin Squire, our most ambitious and expensive production to date). The document, as accepted by the Lean Ensemble Theater Board during our April meeting, provides a snapshot into how we spend money and the results we achieved in our most recent live performance. The "estimations" provided are within \$500 of the actuals. As our ATAX grant is for "general operations," we think this is a useful example of the ways reimburements help us achieve our mission. This budget was initally written in the spring of 2021, then revised in the winter of 2022. Even with that revision (following the delay of the production of *Mitchelville* by another year), it's still easy to see how inflation, rising housing abd union costs and continued required COVID safety materials disrupted projected expenses, though they are becoming more predictable than in the previous year.

The information in the rest of the application is based on our general operating grant from the 2023 calendar year.

It's no mystery why Lean Ensemble Theater has quickly garnered a local reputation as an arts leader in the Lowcountry. In April of 2019, The Island Packet said *Lean Ensemble Theater has a storied reputation for presenting a broad spectrum of the possibilities, the potential, and most particularly through it all, the glory of the theatreand why we were awarded the Tripadvisor's Travelors Choice Award in 2021.* 

We are currently undergoing our annual independent audit by the accounting firm Carey & Company to continue improving transparency. This follows full audits for FY 17/18, FY 18/19, FY 19/20, FY 20/21 and FY 2021/22 as well as a letter of financial review by the same firm completed in September of 2017. This growth is occurring in the only way Lean Ensemble Theater knows how to operate-- responsibly, thoughtfully, purposfully, and with our community at the forefront of our plans.

## 2024

# **Accommodations Tax Funds Request Application**

Date Received: 08/29/2023 Time Received: 01:24 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Lean Ensemble Theater

Project/Event Name: Lean Ensemble Theater Productions

Contact Name: Blake White Title: Executive Director/Founding Artistic Director

Address: PO Box 23214, Hilton Head Island, SC 29925

Email Address: Blake@leanensemble.org Contact Phone: 917-771-4038

Event Date: October 2023-May 2024 Event Location: Hilton Head Prep Main Street Theatre

Provide a brief summary on the intended use of the grant and how the money would be used. (100 words or less)

Monies will be used for General Operating and Marketing expenses for 5 full scale live play production budgets; including our first ever musical, the Tony Award Winner *Fun Home;* an educational tour of *A Midsummer Night's Dream* offered free to local schools; 2024 theater rental & other production expenses including professional salaries, stipends, advertising, telecommunications, and insurance.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

Lean Ensemble Theater primarily enhances the cultural experience of Lowcountry visitors and residents. However, many members of our audience travel to the island and the greater Beaufort County area specifically for our performances. We have evidence for this by utilizing Audience View/Ovation online ticketing software, which gathers zip codes with each online and telephone purchase made, as well as a brief questionaire which ends each purchase. In the event a patron purchases via cash at the door, we note their zip code by hand at the time of purchase.

A. Total Number of Physical Tourists Served: 935

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served: 706

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

- C. Total Number of Physical Residents Served: 2866

  A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 4527

How was the Number of Visitors/Tourists Documented? (250 words or less)

These numbers represent a continued and improved rebuilding year for Lean Ensemble Theater. Prior to the pandemic, our annual attendance was headed for a record 5000+ season. As with many performing arts organizations, our numbers suffered dramatically in the wake of the pandemic, despite the fact that many of the events we offered were provided free of charge. In October 2021, as we returned to live in person programming (with an at home viewing option), the rebuilding began. We were delighted to welcome our patrons back to the theater, but were disappointed with attendance in the 2021/22 season, as well as a severe increase in expenses due to inflation. Our attendance did begin to bounce back at the end of the 21/22 season, and we noted in our ATAX application for 2023 that " We believe this represents the beginning of a return to normalcy for our attendance." This belief proved true as evident by our 41% increase in attendance for the 22/23 season, and a standing room only run of our world premiere production of Mitchelville. Expenses have leveled off to an extent, but everything remains far more expensive than pre pandemic. Short term housing expenses alone, which we utilize for the dozens of guest artists we being to Hilton Head throughout the season, have increased over 50% and continue to inch up. That said, we remain on the look out for the more affordable options for housing and all other evolving costs in this post pandemic world.

As of this writing, subscription sales, which began in late April of 2023, are running 8% ahead of this time last season, even as regional theater subscription sales are dropping across the country.

Online ticketing software provided zip code information (formerly Vendini, now Audience View/Ovation) for all ticket sales and at home viewing registration information. We have increased our budgetary goals for earned revenue in the coming season and are confident that our programming will achieve those goals.

### **B. DESCRIPTION OF OPERATIONS:**

1. For state reporting purposes, give a brief description of the organization. (250 words or less)

Lean Ensemble Theater (Lean) is a professional, performing arts-based company founded in August 2014. Its mission is to inspire conversation by telling innovative and relevant stories to the Lowcountry. The ensemble company uses Equity (the union of professional actors) and non-Equity actors from across the country, including the local area. Directors and designers also come from their respective professional unions, the Stage Directors and Choreographers and USA 829. During its first 8 seasons, Lean has staged thirty productions, ten with four performances and twenty with eight. During the pandemic, we produced an online talkshow and 4 virtual performances. Lean's 2023/2024 season, which runs from October through May, will offer six live events. The season consists of 4 regional premieres including our first ever musical, *Fun Home*, as well as a presention of *A Midsummer Night's Dream* offered free of charge to local schools.

As an integral part of our mission, Lean has an educational focus. Lean will continues its program of school visits with guest artists from around the country. These school visits happen in addition to the production of *A Midsummer Night's Dream*.

The staff includes a full time Artistic/Executive director, a part time Administrative Coordinator, a part time Director of Community and Arts Engagement, a part-time social marketing specialist, a part time Technical Director/Production Manager, a part time website and film editor, and a host of dedicated volunteers. Lean is a 501(c)3 Corporation and is a member of the Theatre Communications Group.

2. Describe in detail how the requested grant funding would be used? (250 words or less)

The monies will be used to partially underwrite the General Operating Budget which includes: production and education costs, marketing, telecommunications, office expenses, salaries, and stipends. As evidenced by our consistent record of fiscal responsibility, even in spite of the pandemic, Lean Ensemble Theater works diligently to make sure that those dollars will be used in person in the community, on stage, in the classroom and in collaboration with other local arts organizations. This work is especially important in the current spike of expenses/inflation.

Lean Ensemble Theater has had some success with our "at home" viewing option and will continue recording our productions for marketing purposes. Continued dollars spent on the virtual world will be used to ensure that there will still be a spot for even the most vulnerable Lean patron in every season.

Other sources of projected income include ticket sales, corporate sponsorships, as well as additional grant money from private and public entities.

3. What impact would partial funding have on the activities, if full funding were not received? What

Actors are all contracted prior to the beginning of our season and our performance space rented (at application time, the season has been 85% cast and staffed and rent is due). Thus, if we receive partial or no funding we will have to build in additional revenue from another source. This would include a possible fundraising event(s) and donor drives, as well as revisiting our ticket pricing. Thus far, we have manged to only raise ticket prices twice since our founding 9 years ago. This is the result of our continued efforts to build our budget conservatively as well as a continued decidcation to being fiscally responsible, including finishing each season on budget and incurring no debt.

4. What is expected economic impact and benefit to the Island's tourism? (100 words or less)

The collected residency data from ticket sales through our online ticketing software (Audience View/Ovation) proved our attendance drop in the 2021/22 season was indeed just a blip due to a pandemic hangover. Our 41% increase in attendance and increased subscription sales in the coming season are the result in our continued resolve "to be the southeast's theater destination that stimulates conversation through topical, entertaining and professional programming which delves into every element of the human condition." Our visitors are primarily from the greater Beaufort County area though many attend who have long term rental properties in the area.

5. In order to comply with the State's Tourism Expenditure Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	36	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	64	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation  Tourist shuttle transportation.	0	%

6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.

0 %

7 - Operation of Visitor Information Centers Operating visitor information centers.

0 %

Total:

100 %

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)

We will be holding events at various organizations around the island. We will hold a donor event at the Art League of HHI, our presentation of *A Midsummer Night's Dream* will be held at HHSO's SoundWaves and there is preliminary discussion of a year end gala, possibly be held at the University of South Carolina Beaufort HHI campus. In March 2022 we established a first matinee lecture series with the Women's Association of Hilton Head Island (WAHHI), which has now been joined by Liberal Ladies as well as Lifelong Learning.

Under the guidance of our new Director of Community and Arts Engagement, we will continue to collaborate with local public and private schools as well as other youth organizations. The company of *A Midsummer Night's Dream* as well as guest artists and ensemble members from our main stage productions will be offering free workshops in local schools (classes with Lifelong Learning, Hilton Head Island High School, Hilton Head Christian Academy, Hilton Head Preparatory School the Lowcountry chapter of the National Alliance on Mental Illness and Pockets Full of Sunshine are being scheduled as of the submission of this application).

We continue to co-market with Deep Well, Hilton Head Symphony Orchestra, Culture HHI, Hilton Head Choral Society, the Main Stage Community Theater, the Mitchelville Freedom Park, Arts Center of Coastal Carolina. Lean has become a hub for conversation among several arts organizations here in the Lowcountry and we plan on cultivating that reputation in the coming year.

7. Additional comments. (250 words or less)

Lean Ensemble Theater has, in 8 short years, established itself in the Lowcountry Arts scene, and that reputation was solidified by the sold out run of our first ever commission, the world premiere of *Mitchelville*. In March of 2023 we held a community panel discussion on the topic of Mitchelville as well as modern day Hilton Head Island with the *Mitchelville* playwright and director, as well as several native islanders including HHI Town Councilman Alex Brown and Mitchelville Board Chair Lola Campbell. The room was packed and the conversation was invigorating.

We have a documented record of daring artistic leadership, fiscal responsibility and educational and community outreach. We are in ongoing conversations with another playwright to bring a world promiere to local stages in 2 years-- it will be Lean's third world premiere.

Lean Ensemble Theater exists to tell thoughtful stories to a live audience. Once again this season, we have gathered a series of plays (and one musical) several of which have never been seen on Hilton Head before. These are plays with critical and commercial acclaim, plays that will make you think, play that will make you laugh and plays that will make you look at the world in a different way.

$\sim$			INIC.	
U.	ΓU	טאוי	ING:	

1	Please	describe	how the	organization	IS I	currently tunded	. (100 words or less

We are funded through ticket sales (both subscriptions and single tickets), private donations, business and corporate support and government grants.

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

Government Sources	Private Contributions, Donations and Grants
10 Corporate Support, Sponsors	Membership, Dues, Subscriptions
Ticket Sales, or Sales 41 and Services	Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes **X** No \_\_\_

If so, please list top 3 sources and amounts.

**Beaufort County ATAX** 

\$3,000.00

#### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: July 1 End Month: June 30

### **Financial Statement Requirements:**

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **profit and loss reports** for the organization.

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022/23 - Previous FY 1 2021/22- Previous FY 2

3. The previous two fiscal years and current year-to-date balance sheets.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2022 FP - Previous FY 1

2023 FP - Previous FY 2

4. The previous two years and current year IRS Form 990 or 990T.

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2021 - Previous FY 2

#### **E. FINANCIAL GUARANTEES AND PROCEDURES:**

1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

- 2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditue of ATAX grant funds.
  - Follow Town procurement guidelines
  - Utilize and follow organization's own procurement guidelines
  - Our organization does not have or follow procurement guidelines

#### F. MEASURING EFFECTIVENESS:

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$40,000.00	Lean Ensemble productions
2021	\$25,000.00	Lean Ensemble productions supplemental ATAX
2022	\$40,000.00	Lean Ensemble productions
2023	\$50,000.00	Lean Ensemble Theater Productions

2. How were the ATAX fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

Lean Ensemble Theater used ATAX funds to produce three full productions at the HH Prep Main Street Theatre-- *The Lifespan of a Fact, Mitchelville* and R*ipcord*. Attendance throughout the season saw a return to normal, boosted by our sold out run of *Mitchelville*. Ancilary events included talks with former USA Today Publisher Larry Kramer, Mitchelville Board Chair Lola Campbell, Town Councilman Alex Brown and Lowcountry Gullah founder Luana Graves Sellars. Subscriptions are on sale for 2023/24 are ahead of last season's already improved numbers! We have hired a part time Director of Community and Arts Engagement to increase the amount of conversation driven theater, on stage and off, for which we have become known. We will continue to increase our marketing campaign, continuing a contract Spectrum/Comcast Cable and the New York City firm Sleeves Up Productions to produce the commercials that aired from Savannah to Beaufort, as well as a new contract with WHHI. Finally, we have continued with the services of Taylor Nicole Social to increase our social media presence.

3. What impact did this have on the success of the organization/event and how did it benefit the community? (200 words or less)

Lean Ensemble Theater has a storied reputation for presenting a broad spectrum of the possibilities, the potential, and most particularly through it all, the glory of the theatre. The Island Packet, April 27, 2019. Locals often refer to Lean Ensemble Theater as "enriching for our community" and "full of humanity." In May of 2019 Lean became one of only three theater companies in the state of South Carolina to receive funding from the Shubert Foundation (2023 became the fifth year in a row to receive Shubert funding and also saw a 25% increase). In the Spring of 2021 we were awarded the Travelers Choice Award from TripAdvisor. Prior to the pandemic, Lean Ensemble Theater had seen audience increases every season thanks to the consistent efforts of its dedicated board, staff and artists, and were well on our way to continuing this streak before shutdown. That

streak is back on track now and the trends look good. The great rebuild continues and now that have seen attendance levels return to pre pandemic levels, we will soon surpass them.

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? (200 words or less)

Through our ongoing and increasing efforts on social media, website, ticketing software, good old fashioned conversation (specifically the post show talkbacks following performances, as well as hand written surveys), we are constantly listening and adapting to our community and its visitors. The audience is always paramount to us as we go about our programming, and this company has its ear on the street.

#### G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

An ATAX Effectiveness Measurement form has been attached to this application.

The numbers provided are a single production budget vs actuals (for our spring 2023 production of the world premiere of our commission of *Mitchelville* by Aurin Squire, our most ambitious and expensive production to date). The document, as accepted by the Lean Ensemble Theater Board during our April meeting, provides a snapshot into how we spend money and the results we achieved in our most recent live performance. The "estimations" provided are within \$500 of the actuals. As our ATAX grant is for "general operations," we think this is a useful example of the ways reimburements help us achieve our mission. This budget was initally written in the spring of 2021, then revised in the winter of 2022. Even with that revision (following the delay of the production of *Mitchelville* by another year), it's still easy to see how inflation, rising housing abd union costs and continued required COVID safety materials disrupted projected expenses, though they are becoming more predictable than in the previous year.

The information in the rest of the application is based on our general operating grant from the 2023 calendar year.

It's no mystery why Lean Ensemble Theater has quickly garnered a local reputation as an arts leader in the Lowcountry. In April of 2019, The Island Packet said *Lean Ensemble Theater has a storied reputation for presenting a broad spectrum of the possibilities, the potential,* 

and most particularly through it all, the glory of the theatre and why we were awarded the Tripadvisor's Travelors Choice Award in 2021.

We are currently undergoing our annual independent audit by the accounting firm Carey & Company to continue improving transparency. This follows full audits for FY 17/18, FY 18/19, FY 19/20, FY 20/21 and FY 2021/22 as well as a letter of financial review by the same firm completed in September of 2017. This growth is occuring in the only way Lean Ensemble Theater knows how to operate-- responsibly, thoughtfully, purposfully, and with our community at the forefront of our plans.

Signature: Blake White

Title/Position: Foudning Artistic & Executive Director

Mailing Address: 46 Edgewood Drive, Hilton Head Island, SC 29926

Email Address: blake@leanensemble.org

Office Phone Number: 843-715-6676

Home Phone Number: 917-771-4038

### **LEAN ENSEMBLE THEATER FY 2023/24 BUDGET**

### **OVERALL REVENUE \$502,500**

#### **PRODUCTION REVENUE**

TOTAL \$200,000

#### **CONTRIBUTIONS**

INDIVIDUAL GIVING \$150,000 37 PLAYS \$15,000 SUBTOTAL \$165,000

#### **BUSINESS EARNING**

AD SALES \$7,500
CORPORATE SPONSORSHIP \$15,500
SUBTOTAL \$23,000

#### **GRANTS**

HHI ATAX \$50,000 **GAYLORD DONNELLY** \$10,000 **SHUBERT** \$15,000 CFLC \$5,000 **SC ARTS** \$8,500 **BEAUFORT CO ATAX** \$3,000 **BARGAIN BOX** \$3000 **SUBTOTAL** <u>\$94,500</u>

#### **FUNDRAISERS**

Event TBD\* \$20000 SUBTOTAL \$20000

<sup>\*</sup>While we do not know the details of the fundraising event to be held in the 2023-2024 budget year, \$20,000 is being included in revenue which represents the NET amount projected to be raised. The fundraising committee will submit a more detailed budget to the board(sometime in the new fiscal year) for the event when they have details. Expenses and revenue will be recorded as incurred and measured against this approved NET budget amount.

## **OVERALL EXPENSES \$488,900**

## **SALARIES**

ARTISTIC/EXECUTIVE DIRECTOR	\$65,250
ADMINISTRATIVE COORDINATOR	\$26,250
PAYROLL TAXES	\$20,000
TECHNICAL DIRECTOR	\$10,000
SOCIAL MEDIA DIRECTOR	\$7,500
SUBTOTAL	\$129,000

## **GENERAL EXPENSES**

QUICKBOOKS	\$1,750
TELECOMM	\$3,000
SQUARESPACE/WEBSITE	\$225
GOOGLE APPS	\$1,000
INSURANCE	\$2,000
POSTAGE	\$400
MERCHANT FEES	\$6,500
DONOR GIFTS	\$750
MEMBERSHIPS	\$1,000
OFFICE EXPENSES	\$4,800
ACCOUNTING FEES	\$5,000
PROFESSIONAL DEVELOPMENT	\$4,000
AUDIENCE VIEW	\$6,500
RENT	\$12,900
MISCELLANEOUS	\$1175
SUBTOTAL	<u>\$51,000</u>

## **ARTISTIC EXPENSES**

\$47,600
\$15,600
\$14,400
\$14,000
\$5,250
\$6,000
\$3,750
\$3,750
\$2000
<u>\$109,150</u>

## **PRODUCTION EXPENSES**

HOUSING	\$45,000
TRAVEL	\$17,000
ROYALTIES	\$17,000
RENT	\$36,250
PROGRAM	\$3,750
MATERIALS	\$12,750
FILMING	\$3,750
INNER CIRCLE	\$2,500
MARKETING	\$25,000
CAR RENTALS	\$3,500
MISCELLANEOUS	\$4,750
SUBTOTAL	\$ <u>171,250</u>

## **EDUCATION**

WAREHOUSE THEATRE \$4,500
GUEST ARTIST VISITS/MATINEES \$2000
SUBTOTAL \$6,500

## **MARKETING**

GENERAL MARKETING \$10,000
PROGRAM SHELL \$3,000
WEBSITE/SUP \$6,000
SUBTOTAL \$19,000

## Statement of Activity

July 1 - August 8, 2023

	TOTAL
Revenue	
DONATIONS	
Individual*	
Individual	34,227.00
Total Individual*	34,227.00
Total DONATIONS	34,227.00
EDUCATION	
Fundraiser	1,000.00
Total EDUCATION	1,000.00
Total Revenue	\$35,227.00
GROSS PROFIT	\$35,227.00
Expenditures	
DEVELOPMENT	
Gifts	30.47
Meals and Entertainment	622.91
Total DEVELOPMENT	653.38
Digital Marketing	625.00
GENERAL AND ADMINISTRATIVE EXPENSES	
Office Expense & Supplies	331.11
Postage, Mailing Service	5.49
Professional Development	756.16
Quickbooks	204.58
Rent	1,067.50
Telephone, Telecommunications	222.03
Wages	
Cost of Labor	7,000.01
Fica Tax	535.51
Total Wages	7,535.52
Total GENERAL AND ADMINISTRATIVE EXPENSES	10,122.39
MARKETING EXPENSE	
PR	710.00
Website	369.64
Total MARKETING EXPENSE	1,079.64
PRODUCTION EXPENSES	
Housing	3,651.00
Payroll Expenditure*	
Director	833.33
Sound Designer	375.00
Total Payroll Expenditure*	1,208.33
Printing and Copying	136.04

	TOTAL
Travel & Per Diem	470.23
Total PRODUCTION EXPENSES	5,465.60
TICKETING	
Fees	145.20
Merchant Fees	322.17
Total TICKETING	467.37
Total Expenditures	\$18,413.38
NET OPERATING REVENUE	\$16,813.62
Other Revenue	
Interest Earned	91.88
Total Other Revenue	\$91.88
NET OTHER REVENUE	\$91.88
NET REVENUE	\$16,905.50

## Statement of Activity

July 2022 - June 2023

	TOTAL
Revenue	
DONATIONS	
Corporate Contributions	347.60
Government	
HHI ATAX	53,949.87
Total Government	53,949.87
Grants and Foundations	
Bargain Box	3,000.00
CFLC grant	5,000.00
Donnelley Foundation	10,000.00
Long Cove Club	2,000.00
Shubert	20,000.00
Total Grants and Foundations	40,000.00
Individual*	
Individual	168,979.58
Total Individual*	168,979.58
Total DONATIONS	263,277.05
EDUCATION	
Fundraiser	4,750.00
Total EDUCATION	4,750.00
MARKETING	
Advertising Sales	4,900.00
Total MARKETING	4,900.00
PRODUCTION INCOME	
Flex Passes	19,710.00
General Ticket Sales	129,258.00
Series Subscriptions	30,745.00
Total PRODUCTION INCOME	179,713.00
Total Revenue	\$452,640.05
GROSS PROFIT	\$452,640.05
Expenditures	
DEVELOPMENT	
Gifts	2,447.09
Meals and Entertainment	1,424.41
Season Events	1,507.19
Total DEVELOPMENT	5,378.69
Digital Marketing	7,500.00
EDUCATION EXPENSES	.,
School Programs	2,000.00
Total EDUCATION EXPENSES	2,000.00

	TOTAL
Film/Editing	3,750.00
GENERAL AND ADMINISTRATIVE EXPENSES	
Accounting Fees	4,722.00
Dues & Subscriptions	1,626.97
Insurance - Liability, D and O	740.00
Meals & Entertainment	580.99
Office Expense & Supplies	4,537.40
Postage, Mailing Service	522.55
Professional Development	4,343.01
Quickbooks	1,499.61
Rent	12,810.00
Telephone, Telecommunications	4,054.39
Wages	,
Cost of Labor	100,346.32
Fica Tax	7,676.48
Total Wages	108,022.80
Total GENERAL AND ADMINISTRATIVE EXPENSES	143,459.72
MARKETING EXPENSE	·
Advertising/Promotional	2,565.00
Advertising/Promotional	28,352.27
Total Advertising/Promotional	30,917.27
Print	133.89
Printing and Copying	2,745.95
Website	5,428.96
Total MARKETING EXPENSE	39,226.07
PRODUCTION EXPENSES	
Cast Meals	3,703.93
Costumes & Props	5,638.55
Housing	41,056.65
Inner Circle/Concession Supplies	582.05
Outside Contract Services	5,695.00
Payroll Expenditure*	3,030.00
Actors	51,197.95
Costume Designer	3,000.00
Director	10,795.00
Director Benefits	2,090.95
Dramaturg	900.00
Lighting Designer	2,750.00
Scenery Designer	5,000.00
Stage Manager	12,264.00
Total Payroll Expenditure*	87,997.90
Printing and Copying	6,854.22
Rent	25,800.00
Royalties	7,885.70
Scenic/Lighting Materials	7,883.70 7,983.64
Travel & Per Diem	34,387.41
Total PRODUCTION EXPENSES	227,585.05
I UIQI I TIODOOTION EAFENDES	221,303.05

	TOTAL
TICKETING	128.70
Fees	7,284.75
Merchant Fees	8,285.93
Total TICKETING	15,699.38
Total Expenditures	\$444,598.91
NET OPERATING REVENUE	\$8,041.14
Other Revenue	
Interest Earned	1,741.01
Total Other Revenue	\$1,741.01
NET OTHER REVENUE	\$1,741.01
NET REVENUE	\$9,782.15

## Statement of Activity

July 2021 - June 2022

	TOTAL
Revenue	
DONATIONS	
Corporate Contributions	17.13
Government	
Beaufort County ATAX	850.00
HHI ATAX	91,077.31
Total Government	91,927.31
Grants and Foundations	
Donnelley Foundation	10,000.00
Shubert	15,000.00
Total Grants and Foundations	25,000.00
Individual*	
Individual	142,877.60
Total Individual*	142,877.60
Total DONATIONS	259,822.04
EDUCATION	
Fundraiser	3,500.00
Total EDUCATION	3,500.00
MARKETING	
Advertising Sales	4,100.00
Total MARKETING	4,100.00
PRODUCTION INCOME	
Flex Passes	9,205.00
General Ticket Sales	56,590.00
Series Subscriptions	23,240.00
Total PRODUCTION INCOME	89,035.00
Total Revenue	\$356,457.04
GROSS PROFIT	\$356,457.04
Expenditures	
DEVELOPMENT	
Gifts	1,022.97
Meals and Entertainment	1,269.95
Total DEVELOPMENT	2,292.92
Digital Marketing	7,137.99
EDUCATION EXPENSES	500.00
School Programs	2,000.00
Total EDUCATION EXPENSES	2,500.00

	TOTAL
GENERAL AND ADMINISTRATIVE EXPENSES	
Accounting Fees	4,500.00
Dues & Subscriptions	651.00
Insurance - Liability, D and O	1,478.00
Meals & Entertainment	458.83
Miscellaneous	0.00
Office Expense & Supplies	8,159.49
Postage, Mailing Service	727.19
Professional Development	3,979.80
Quickbooks	1,414.76
Rent	12,810.00
Telephone, Telecommunications	4,635.09
Wages	
Cost of Labor	85,269.37
Fica Tax	6,523.10
Total Wages	91,792.47
Total GENERAL AND ADMINISTRATIVE EXPENSES	130,606.63
MARKETING EXPENSE	
Advertising/Promotional	1,160.00
Advertising/Promotional	32,876.88
Total Advertising/Promotional	34,036.88
Printing and Copying	843.73
Website	5,831.12
Total MARKETING EXPENSE	40,711.73
PRODUCTION EXPENSES	
Cast Meals	2,618.53
Costumes & Props	2,493.01
Equip Rental and Maintenance	625.98
Housing	37,250.57
Miscellaneous	354.55
Outside Contract Services	23,433.18
Payroll Expenditure*	
Actors	45,384.40
Costume Designer	2,867.87
Director	8,900.00
Lighting Designer	2,800.00
Scenery Designer	5,000.00
Stage Manager	7,600.00
Total Payroll Expenditure*	72,552.27
Printing and Copying	4,420.62
Rent	18,400.00
Royalties	7,056.60
Scenic/Lighting Materials	7,394.82
Travel & Per Diem	22,777.60
Total PRODUCTION EXPENSES	199,377.73
Tax	332.02

	TOTAL
TICKETING	
Fees	5,124.75
Merchant Fees	6,448.72
Total TICKETING	11,573.47
Total Expenditures	\$394,532.49
NET OPERATING REVENUE	\$ -38,075.45
Other Revenue	
Interest Earned	38.33
PPP forgiveness	35,784.00
Shuttered Venue Grant	90,227.50
Total Other Revenue	\$126,049.83
NET OTHER REVENUE	\$126,049.83
NET REVENUE	\$87,974.38

## Statement of Financial Position

As of August 8, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	99,046.41
Fidelity Money Market	100,000.00
Total Bank Accounts	\$199,046.41
Other Current Assets	
Prepaid Expenses	5,100.00
Total Other Current Assets	\$5,100.00
Total Current Assets	\$204,146.41
Fixed Assets	
Furniture and Equipment	11,000.00
Total Fixed Assets	\$11,000.00
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	103,904.52
Total Other Assets	\$107,107.02
TOTAL ASSETS	\$322,253.43
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	0.00
Direct Deposit Payable	0.00
Federal Withholding	0.00
Futa Tax Payable	0.00
Prepaid Ad Sales	0.00
Prepaid Flex Passes	11,448.00
Prepaid General Tickets	520.00
Prepaid Subscriptions	28,650.00
SBA/PPP Loan	0.00
State Withholding	0.00
Suta Tax Payable	0.00
Total Other Current Liabilities	\$40,618.00
Total Current Liabilities	\$40,618.00
Total Liabilities	\$40,618.00
Equity	
Unrestricted Net Assets	264,789.93
Net Revenue	16,845.50
Total Equity	\$281,635.43
TOTAL LIABILITIES AND EQUITY	\$322,253.43

## Statement of Financial Position

As of June 30, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	187,351.95
Total Bank Accounts	\$187,351.95
Other Current Assets	
Prepaid Expenses	5,333.70
Total Other Current Assets	\$5,333.70
Total Current Assets	\$192,685.65
Fixed Assets	
Furniture and Equipment	11,000.00
Total Fixed Assets	\$11,000.00
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	82,266.97
Total Other Assets	\$85,469.47
TOTAL ASSETS	\$289,155.12
IABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	0.00
Direct Deposit Payable	0.00
Federal Withholding	1,500.38
Futa Tax Payable	0.00
Prepaid Ad Sales	0.00
Prepaid Flex Passes	13,220.00
Prepaid General Tickets	680.00
Prepaid Subscriptions	18,395.00
SBA/PPP Loan	0.00
State Withholding	351.96
Suta Tax Payable	0.00
Total Other Current Liabilities	\$34,147.34
Total Current Liabilities	\$34,147.34
Total Liabilities	\$34,147.34
Equity	
Unrestricted Net Assets	167,033.40
Net Revenue	87,974.38
Total Equity	\$255,007.78
TOTAL LIABILITIES AND EQUITY	\$289,155.12

## Statement of Financial Position

As of June 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	182,697.52
Total Bank Accounts	\$182,697.52
Other Current Assets	
Prepaid Expenses	5,100.00
Total Other Current Assets	\$5,100.00
Total Current Assets	\$187,797.52
Fixed Assets	
Furniture and Equipment	11,000.00
Total Fixed Assets	\$11,000.00
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	100,695.94
Total Other Assets	\$103,898.44
OTAL ASSETS	\$302,695.96
IABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	0.00
Direct Deposit Payable	0.00
Federal Withholding	2,208.14
Futa Tax Payable	0.00
Prepaid Ad Sales	0.00
Prepaid Flex Passes	8,452.00
Prepaid General Tickets	340.00
Prepaid Subscriptions	26,490.00
SBA/PPP Loan	0.00
State Withholding	415.89
Suta Tax Payable	0.00
Total Other Current Liabilities	\$37,906.03
Total Current Liabilities	\$37,906.03
Total Liabilities	\$37,906.03
Equity	
Unrestricted Net Assets	255,007.78
Net Revenue	9,782.15
Total Equity	\$264,789.93
OTAL LIABILITIES AND EQUITY	\$302,695.96

## Carey & Company P.A. 70 Main Street, Suite 100 Hilton Head Island, SC 29926 843-681-4430

November 9, 2022

#### **CONFIDENTIAL**

Lean Ensemble Theater 32 Office Park Road, Suite 102 Hilton Head Island, SC 29928

Dear Blake:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

Return of Organization Exempt From Income Tax (Form 990)

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appro	eciation for this oppo	ortunity to work wi	ith you.	
Very truly yours,				
Carey & Company P.A.				
Accepted By:				
Date:				

## Carey & Company P.A. 70 Main Street, Suite 100 Hilton Head Island, SC 29926 843-681-4430

November 9, 2022

#### **CONFIDENTIAL**

Lean Ensemble Theater 32 Office Park Road, Suite 102 Hilton Head Island, SC 29928

Dear Blake:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Carey & Company P.A.

Form **990** 

Two Year Comparison Report

For calendar year 2021, or tax year beginning 07/01/21, ending

06/30/22

2020 & 2021

Name

Taxpayer Identification Number

I	ean Ensemble Theater				47-2	994571
			2020	2021		Differences
	1. Contributions, gifts, grants	1.	142,197	171	,396	29,199
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	11,473		,939	206,466
n e	4. Program service revenue	4.	6,977	93	,173	86,196
_	5. Investment income	5.				
>	6. Proceeds from tax exempt bonds	6.				
ъ В	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	160,647	482	,508	321,861
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.			,000	62,000
S	16. Salaries, other compensation, and employee benefits	16.	96,898	99	,476	2,578
e n	17. Professional fundraising fees	17.				
о Х	18. Other professional fees	18.	4,300		500	200
Ш	19. Occupancy, rent, utilities, and maintenance	19.	12,810		,836	19,026
	<b>20.</b> Depreciation and Depletion	20.	1,572		,697	125
	21. Other expenses	21.	42,325		,963	157,638
	22. Total expenses. Add lines 13 through 21	22.	157,905		,472	241,567
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	2,742		,036	80,294
	24. Total exempt revenue	24.	160,647	482	508	321,861
	25. Total unrelated revenue	25.				
io	26. Total excludable revenue	26.	6,977		173	86,196
Information	27. Total assets	27.	210,549		,204	79,655
ē	28. Total liabilities	28.	37,529		,148	-3,381
=	<b>29.</b> Retained earnings	29.	173,020		,056	83,036
tþei	<b>30.</b> Number of voting members of governing body	30.	13	12		
Ö	<b>31.</b> Number of independent voting members of governing body	31.	12	12		
	32. Number of employees	32.	2	2		
	33. Number of volunteers	33.	25	25		

Form 990 Tax Return History 2021

Name **Lean Ensemble Theater** 

Employer Identification Number 47-2994571

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	154,092	184,825	225,299	153,670	389,335	
Membership dues						
Program service revenue	128,908	138,987	88,437	6,977	93,173	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	283,000	323,812	313,736	160,647	482,508	
Grants and similar amounts paid $\dots$						
Benefits paid to or for members						
Compensation of officers, etc		48,780	48,000		62,000	
Other compensation		79,323	85,653	96,898	99,476	
Professional fees	2,860	5,827	5,623	4,300	4,500	
Occupancy costs		24,980	34,110	12,810	31,836	
Depreciation and depletion		655	1,571	1,572	1,697	
Other expenses	160,365	149,115	114,512	42,325	199,963	
Total expenses		308,680	289,469	157,905	399,472	
Excess or (Deficit)	43,947	15,132	24,267	2,742	83,036	
<u> </u>					T	
Total exempt revenue	283,000	323,812	313,736	160,647	482,508	
Total unrelated revenue						
Total excludable revenue	128,908	138,987	88,437	6,977	93,173	
Total Assets	160,899	173,752	189,721	210,549	290,204	
Total Liabilities	30,020	27,741	19,443	37,529	34,148	
Net Fund Balances	130,879	146,011	170,278	173,020	256,056	

## **Filing Instructions**

### Lean Ensemble Theater

### **Exempt Organization Tax Return**

### Taxable Year Ended June 30, 2022

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/22 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Carey & Company P.A. 70 Main Street, Suite 100 Hilton Head Island, SC 29926

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Department of the Treasury

Form 8879-TE

### IRS *e-file* Signature Authorization for a Tax Exempt Entity

7/01	2021 and ending	6/30 20	22

For calendar year 2021, or fiscal year beginning

u Do not send to the IRS. Keep for your records. u Go to www.irs.gov/Form8879TE for the latest information. 2021

OMB No. 1545-0047

Internal Revenue Service EIN or SSN Name of filer Lean Ensemble Theater 47-2994571 Name and title of officer or person subject to tax Blake White Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.  $\mathbf{N}$ 482,508 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_1b 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 4a Form 990-PF check here ..... b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here ...... b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ......  $\blacktriangleright$ 8a Form 5227 check here ...... b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 9a Form 5330 check here ......  $\triangleright$ 10a Form 8038-CP check here ...  $\triangleright$ Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that  $|\mathbf{X}|$ I am a person subject to tax with respect to (name I am an officer of the above entity or of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 12345 Carey & Company P.A. I authorize \_ \_\_\_\_\_ to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57507812345 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Patrick P. Carey, Jr., CPA ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

990 Form

**Return of Organization Exempt From Income Tax** 

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  $\boldsymbol{u}$  Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the 2	2021 calendar year, or tax year beginning U//U1/21, and ending U6/3U/2	. <u>Z</u>				
В	Check if appl		D Employer	r identification number			
Ш	Address char		Lean Ensemble Theater				
	Name change	Doing business as	Daniel de die	47-2994571 E Telephone number			
一	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  32 Office Park Road, Suite 102	Room/suite		715-6676		
_	Final return/	City or town, state or province, country, and ZIP or foreign postal code		013	715 0070		
	terminated			- 0	102 E00		
	Amended ret	Hilton Head Island SC 29928  F Name and address of principal officer:		<b>G</b> Gross rec	eipts \$ 482,508		
同	Application p		H(a) Is this a gro	oup return for s	subordinates? Yes X No		
ш	7 ppilodilo11 p		II/b) Ann all such		ided? Yes No		
		32 Office Park Road, Suite 102	H(b) Are all sub				
		Hilton Head Island SC 29928	- II NO,	No," attach a list. See instructions			
<u> </u>	Tax-exempt		4				
J	Website: U		H(c) Group exe				
	Form of orga	anization: X Corporation Trust Association Other <b>u</b> L Y	ear of formation: 2	015	M State of legal domicile: SC		
P	art I	Summary					
	1 Bri	efly describe the organization's mission or most significant activities:					
ø	:	Lean Ensemble Theater embraces theater's vibrant relevar	ce through	gh dive	erse,		
anc		ensemble based programming which compels thought, sparks	emotion	and			
Governance		inspires dialogue.					
Š	2 Ch	eck this box <b>u</b> if the organization discontinued its operations or disposed of more than 25%	of its net assets	S.			
<u>ه</u>		mber of voting members of the governing body (Part VI, line 1a)			12		
	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	12		
iţie	5 To:	tal number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	2		
Activities		tal number of valuntaers (estimate if necessary)			25		
ď	1	tal unrelated business revenue from Part VIII, column (C), line 12		⊢∸⊣	0		
	h No	t unrelated business taxable income from Form 990-T, Part I, line 11		7a			
	D IVE	t differenced business taxable income from Form 990-1, Fart I, life 11	Prior Yea		Current Year		
	8 Co	ntributions and grants (Part VIII, line 1h)		3,670	389,335		
Revenue		anners and income (Death VIII line On)		6,977	93,173		
Ver	1	estment income (Part VIII, line 2g)  estment income (Part VIII, column (A), lines 3, 4, and 7d)		0 7 5 7 7	0		
Re	11 04	por revenue (Part VIII, column (A), lines 5, 4, and 7d)					
		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16	0,647	482,508		
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10	0,01/			
		d similar amounts paid (Part IX, column (A), lines 1–3)			0		
		nefits paid to or for members (Part IX, column (A), line 4)		c 000	161 476		
es	<b>15</b> Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9	6,898	161,476		
Expenses	<b>16a</b> Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			0		
ă	1	tal fundraising expenses (Part IX, column (D), line 25) ${f u}$					
ш		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,007	237,996		
	<b>18</b> To	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,905	399,472		
		venue less expenses. Subtract line 18 from line 12		2,742	83,036		
Net Assets or Fund Balances	3	<u> </u>	Beginning of Cui		End of Year		
ssets	<b>20</b> To	tal assets (Part X, line 16)		0,549	290,204		
of Age	<b>21</b> To	tal liabilities (Part X, line 26)		7,529	34,148		
_		t assets or fund balances. Subtract line 21 from line 20	17	3,020	256,056		
P	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statement			wledge and belief, it is		
tru	ue, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledge	). 			
Sig	gn	Signature of officer		Date			
He	·	Blake White Execut	ive Dir	rector	•		
		Type or print name and title					
	F	Print/Type preparer's name  Preparer's signature	Date	Check	if PTIN		
Pai	d p	atrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em	ployed P00033247		
Pre	narer 🗀	imis name } Carey & Company P.A.	<del>-  </del>	firm's EIN }	57-0927046		
	Only	70 Main Street, Suite 100		IIII S LIIN S	<u> </u>		
	· 1	Tilles Head Taland CO 20026		lhana	843-681-4430		
May the IDS		discuss this return with the preparer shown above? See instructions		hone no.			
ivial	, me iko	часчае иле текитт мин иле ртератет эномит авоче? Эее извиссионе	<u></u>		X Yes No		

Pa	rt III Statement of Program Service Check if Schedule O contains	ce Accomplishments a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:		
		races theater's vibrant relevance thro	ough diverse,
e:	nsemble based programmin	g which compels thought, sparks emotion	on and
	naniroa dialogue		
	~~£		
2	Did the organization undertake any significant pro	gram services during the year which were not listed on the	
_	Communication		Yes X No
	If "Yes," describe these new services on Schedul		[ 165 21 NO
•			
3	-	significant changes in how it conducts, any program	
			Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	, ,	mplishments for each of its three largest program services, as measured by	
		zations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each	program service reported.	
	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$	<del>.</del>
		a professional performing arts based	
f	ounded in 2015. In the	2021/2022 season the Theater produced	5 plays. In
a	ddition, the Theater pro	vided educational programs throughout	the course
0	f the season.		
	·		
		including grants of \$) (Revenue \$	·
N	/A		
	•		
	·		
	· ·····		
	·		
4c	(Code:) (Expenses \$	including grants of \$ ) (Revenue \$	)
N	/A		
	*		
	•		
	•		
	•		
	Other program services (Describe on Schedule C		
→u	(Expenses \$ 353,039 included to the control of the		1
4e	Total program service expenses <b>u</b>	353,039	ı

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	Was " sampled Cabadala D. Bart I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Pa	art IV Checklist of Required Schedules (continued)						
	• • • • • • • • • • • • • • • • • • • •					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	amployaes? If "Vas " complete Schedule I				23		х
24a							
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b					
	through 24d and complete Schedule K. If "No," go to line 25a				24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the ye						
	to defease any tax-exempt bonds?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		
25a							
	The Property of the Control of the C				25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a						
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-						
	If "Vee " complete Schools I. Dort I				25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu				200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>				26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	kev					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ПОУ					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III				27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule	 e I					
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	o <u>L</u> ,					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	) If					
а	West assemble to Calcadala I. David IV				28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				200		21
С					28c		х
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I				29		X
29		νι 			29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				30		х
24	conservation contributions? If "Yes," complete Schedule M		 4 1		31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	IN, Pan	ι ι		31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				22		х
22	complete Schedule N, Part II				32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regular						х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,					v
05-	or IV, and Part V, line 1				34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						v
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				l		37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pan				37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b	and				,,	
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>		<u></u>		
_		.	-	4		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	_	4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						v

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $_{\cdot}$			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)′	?	4a		X
b	If "Yes," enter the name of the foreign country ${f u}$					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts and Fi			_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х
_				6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of			6b		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	łe				
u	and any time and the late of the second			7a		
b	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			T		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	3899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	المدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	440				
a b	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources	11a		-		
b		11b				
12a	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment including the section 4968 excise tax on net investment included the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 ex	ome?		16		X
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
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?			2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		_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?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be	y the fo	ollowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
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 on Schedule O			9		_ <u>X</u> _
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	evenue Co	de.)	1	
					Yes	No_
10a	• • • • • • • • • • • • • • • • • • • •			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?		11a		<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	х	
42	describe on Schedule O how this was done			12c	^	X
13	Did the organization have a written whistleblower policy?			13		<u>x</u>
14 15	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approval by					
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official			15a	х	
a b	Other officers or key employees of the experimeter			15a		
Ŋ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ıou	Over the entire by which a driver of the control of			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 900 is required to be filed as SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,				
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,	and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records	u				
в	ake White 32 Office Park Road, Suite 102					

843-715-6676

SC 29928

Hilton Head Island

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

  <u>See</u> the instructions for the order in which to list the persons above.

I Check this box if neither	the organization	nor any re	elated organization	compensated anv	current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	bo	x, unle ficer a	Pos check ess pe nd a o	more rson i	than ones both a	ın e)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Myla Lerner										
	4.00								_	_
President	0.00	X		Х		$\sqcup$		0	0	0
(2) Mary Briggs	2.00									
Vice President	0.00	$ \mathbf{x} $		x				0	0	0
(3) Lisa Snider	0.00	┼^		^		$\vdash$		U	U	
(3) HISA SHIGEL	2.00									
Treasurer	0.00	x		x				0	0	0
(4) Bo Pearson	0.00	<u>^</u>		<u> </u>		$\vdash$		0	<u> </u>	
(4) 20 1 001 2011	2.00									
Secretary	0.00	x		x				0	0	0
(5) Joe Maguire	0.00	+				$\vdash$			•	
(6) 6 6 6 1111 3 1111 6	2.00									
Member	0.00	x		x				0	0	0
(6) Jan McKelvey									-	
-	2.00									
Member	0.00	x						0	0	0
(7) Tim Ridge										
_	2.00									
Member	0.00	x						0	0	0
(8) Cathy Nairne										
	2.00									
Member	0.00	x						0	0	0
(9) Charles Russ										
	2.00									
Member	0.00	X						0	0	0
(10) Gloria Holmes										
	2.00									
Member	0.00	X				$\sqcup \bot$		0	0	0
(11) Randi Wolfe										
· <u>.</u>	2.00								-	_
Member	0.00	X						0	0	O Form <b>990</b> (2021)

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ko	ey E	mple	oyees	s, aı	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, unl ficer a	Pos check ess pe	rson	than or trust Highest compensated employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	or	(F) timated a of othe compensa from tr ganizatio ied organ	er ation ne n and	3
(12	2) Blake White	40.00												
Exe	ecutive Director	40.00	x		x				62,000	0				0
1b c	Subtotal  Total from continuation shee							u	62,000					
d	Total (add lines 1b and 1c)	•						u	62,000					
2	Total number of individuals (increportable compensation from				nose	liste	d abo	ove)	who received more than \$1	00,000 of				
3	Did the organization list any <b>for</b>				·00 l	·0\/ ·	omole	21/00	or highest companyated				Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedule 1a, is the sum of izations greater the	<i>ile J</i> of rep han S	for sortal	such ble c 0,000	<i>indi</i> v omp ? <i>If</i> '	<i>ridual</i> ensa "Yes,	i tion " <i>coi</i>	and other compensation from mplete Schedule J for such	m the		3		X
5	individual	a receive or accr	 ue c	 ompe	 ensat	ion 1	from	any	unrelated organization or inc	dividual		4		X
	for services rendered to the or		'S," C	omp	lete (	Sche	dule	J fo	r such person			5		X
1	ion B. Independent Contracto Complete this table for your five	e highest compe												
	compensation from the organiz	ation. Report con (A) I business address	npen	satio	n for	the	cale	ndar 		the organization's tax year. (B) tion of services			(C) npensati	
	Name and	Dusiness address							Descripi	IION OF Services		Con	препѕаш	UII
	Total number of independent c	ontractors (includ	ina t	out n	ot lin	nited	to th	lose	listed above) who					
	received more than \$100,000 c									0				

		(2021) <b>Lean</b>			rhea	ter		47	-2994571		Page \$
Pa	rt V			f Revenue	aine a	reenon	se or note	to any line in this	s Part VIII		
		OHECK II	OCI	edule O conta	aii 13 a	Тезроп	se of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated camp Membership due Fundraising eve Related organiza Government grants (c All other contributions, and similar amounts no Noncash contributions lines 1a-1f	nts ations ontribution gifts, graph of included included	ns) nts, d above		\$	217,939 171,396 u	389,335			
Program Service Revenue	f	Other Inco	g sal me m servi	Les ce revenue				89,036 4,100 37 93,173	89,036 4,100 37		
	4 5 6a b c	Investment incorrother similar am Income from inventor Royalties	6a 6b 6c	(i) Real	bond p	(ii) I	u u Personal				
r Revenue	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss	7a 7b 7c	(i) Securities			Other				
Other	8a	Gross income from (not including \$ of contributions rep 1c). See Part IV, lir Less: direct experts.	fundra oorted o	ising events n line	8a 8b		u				
	9a b	Net income or (I Gross income fro activities. See Pa Less: direct expo Net income or (I	om ga art IV, enses	ming line 19	9a 9b						
	10a b	Gross sales of ir returns and allow Less: cost of good Net income or (le	nvento wances ods so	ry, less	10a 10b		u				
neous	11a b	•					Business Code				

u

u

482,508

93,173

0

d All other revenue .....

e Total. Add lines 11a-11d..

12 Total revenue. See instructions

## Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		<u> </u>	e column (A).	
D	· ,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,000	53,189	8,811	
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	91,475	78,475	13,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,001	6,864	1,137	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,500		4,500	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
	(A) amount, list line 11g expenses on Schedule O.)	45.220	45.220		
	Advertising and promotion	47,339	47,339	0.100	
13	Office expenses	8,789	6,592	2,197	
14	Information technology	2 457	2 457		
15	Royalties	3,457	3,457	10.010	
16	Occupancy	31,836	19,026	12,810	
17	Travel	22,778	22,778		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,697	1,571	126	
23	Insurance	1,478	1,109	369	
24				303	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	· · · · · · · · · · · · · · · · · · ·	41,233	41,233		
b	Outside Contract	23,433	23,433		
С	Merchant fees	11,573	11,573		
d	Printing and reproduction	10,221	10,221		
е	All other expenses	29,662	26,179	3,483	
25	Total functional expenses. Add lines 1 through 24e	399,472	353,039	46,433	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here <b>u</b> 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 189,462 246,618 Cash—non-interest-bearing 1 Savings and temporary cash investments ..... 2 Pledges and grants receivable, net 23,001 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 10,682 10,934 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11,942 10a b Less: accumulated depreciation 10b 5,494 7,202 6,448 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 3,203 3,203 Other assets. See Part IV, line 11 15 15 290,204 210,549 16 Total assets. Add lines 1 through 15 (must equal line 33)..... Accounts payable and accrued expenses ..... 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 37,529 of Schedule D 34,148 37,529 34,148 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here u Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 173,020 256,056 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 173,020 256,056 32 210,549 290,204 Total liabilities and net assets/fund balances .....

Form **990** (2021)

Pa	rt 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)		82,	
2	Total expenses (must equal Part IX, column (A), line 25)		99,4	
3	Revenue less expenses. Subtract line 2 from line 1		83,	036
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1	73,0	020
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 on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	2.	56,0	056
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			_Ш
			Yes	No
1	Accounting method used to prepare the Form 990:	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	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?	3a		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 on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Name of the organization

Lean Ensemble Theater

Employer identification number 47-2994571

Pa	art I	Reaso	on for Public Charity	Status. (All organizations	must co	mplete	this part.) See instruction	IS.						
The	orga	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)								
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)									
3	П	A hospital or	a cooperative hospital service	e organization described in section	on 170(b	)(1)(A)(iii)	ı <u>.</u>							
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,						
	_	city, and state	e:											
5		An organization		a college or university owned or	operated	by a gov	ernmental unit described in							
	_	_	( <b>b)(1)(A)(iv).</b> (Complete Part I	-	•	, ,								
6	$\Box$			vernmental unit described in <b>sec</b>	tion 170	b)(1)(A)(v	/).							
7														
	described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
	university:													
10														
		• •	<u> </u>	I unrelated business taxable inco 1975. See section 509(a)(2). (0	_ `		11 tax) from businesses							
11	$\Box$		•	clusively to test for public safety.			(2)(4)							
12	Н	-	•	clusively for the benefit of, to per				of						
12	Ш	•	•	ns described in <b>section 509(a)(</b> 1										
			, , ,,		•	•	,,,							
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving													
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
		supporting	g organization. You must co	mplete Part IV, Sections A and	IB.									
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	n with its	supporte	d organization(s), by having							
		control or	management of the supporti	ng organization vested in the san	ne person	s that co	ntrol or manage the supported							
		organizati	on(s). You must complete I	Part IV, Sections A and C.										
	С			upporting organization operated in										
			• ,,,,	ructions). You must complete P										
	d		•	<ul> <li>A supporting organization opera organization generally must satis</li> </ul>			•							
				ust complete Part IV, Sections	-									
	е		,	ved a written determination from										
	Ū			-functionally integrated supporting			Type I, Type II, Type III							
	f	Enter the num	nber of supported organizatio	ns										
	g	Provide the fo	ollowing information about the	supported organization(s).				·						
(i	) Nam	ne of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of						
	org	ganization		(described on lines 1–10		ur governing	support (see instructions)	other support (see						
				above (see instructions))		nent?	instructions)	instructions)						
/A\					Yes	No								
(A)														
(B)														
(B)														
(C)														
(C)														
(D)														
(D)														
/E\														
(E)														
Tota														
. –														

Page 2

Schedule A (Fo	orm 990) 2021 <b>Lean</b>	Ensemble	Theater	47-2994571
Part II	Support Schedule for Orga	anizations Des	cribed in Sec	ctions 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checke	ed the box on lir	ne 5, 7, or 8 d	of Part I or if the organization failed to qualify under
	Part III. If the organization fa	ils to qualify un	der the tests I	isted below, please complete Part III.)
	D. I.P. O			

Sec	tion A. Public Support			· •	•	,		
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (	see instructions)					12	
13	First 5 years. If the Form 990 is for the org	•						
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·				▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage					
14	Public support percentage for 2021 (line 6,			(f))			14	%
15	Public support percentage from 2020 Scheo		4.4				15	%
16a	33 1/3% support test—2021. If the organi	zation did not chec						
	box and <b>stop here.</b> The organization qualif	es as a publicly si	upported organization	on				▶ □
b	33 1/3% support test—2020. If the organia	zation did not chec	k a box on line 13					
	this box and <b>stop here.</b> The organization q	ualifies as a public	cly supported organ	ization				▶ □
17a	10%-facts-and-circumstances test—202	1. If the organization	on did not check a					
	10% or more, and if the organization meets	the facts-and-circ	umstances test, che	eck this box and <b>st</b>	op here. Explain in	1		
	Part VI how the organization meets the fac	ts-and-circumstanc	es test. The organi	zation qualifies as	a publicly supported	b		
	organization		-					▶ □
b	10%-facts-and-circumstances test—202							<u>-</u>
	15 is 10% or more, and if the organization	meets the facts-an	d-circumstances te	st, check this box a	nd stop here. Exp	lain		
	in Part VI how the organization meets the f							
	organization		-	•				▶ □
18	<b>Private foundation.</b> If the organization did							
	instructions							▶ □

## 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.)

Sec	tion A. Public Support	7		, ı	,		
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	154,092	184,825	225,299	153,670	389,335	1,107,221
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	128,908	138,987	88,437	6,977	93,173	456,482
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	283,000	323,812	313,736	160,647	482,508	1,563,703
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,000	21,700	39,423		16,500	79,623
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						
С	Add lines 7a and 7b	2,000	21,700	39,423		16,500	79,623
8	Public support. (Subtract line 7c from line 6.)						1,484,080
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	283,000	323,812	313,736	160,647	482,508	1,563,703
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	283,000	323,812	313,736	160,647	482,508	1,563,703
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	•		or fifth tax year as a	. , . ,		▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,	<del></del>		(f))		15	94.91 %
16	Public support percentage from 2020 Scheo						95.12 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2021 (lin	ne 10c, column (f), d	ivided by line 13, o	column (f))		17	%
18	Investment income percentage from 2020						%
19a	33 1/3% support tests—2021. If the organity is not more than 33 1/3%, check this bo						<b>&gt;</b> X
b	33 1/3% support tests—2020. If the organ		-				
	line 18 is not more than 33 1/3%, check this						▶ 🗀
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box ar	nd see instructions		🕨 🗌

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	<del></del> u		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	10a		
	- 50		
Sche	10b edule <i>A</i>	A (Form 9	990) 2021

Par	t IV Supporting Organizations (continued)			
		$\Box$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		l
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.	-/	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 54		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons					
1	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 co	omplete	Sections A through E.					
Sect	Section A – Adjusted Net Income (A) Prior Year							
	on A - Adjusted Net Income		(A) I Hor Tear	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
	ion B – Minimum Asset Amount		(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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	ion C – Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III su	ipporting organization					

Schedule A (Form 990) 2021

(see instructions).

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizati	ons (continued)	
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	3		
2	Amounts paid to perform activity that directly furthers exempt purposes of	f supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
С	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
				Schedule A (Form 990) 2021

Schedule A (Forr	n 990) 2021	Lean	Ensemble	Theater		47-2994571	Page <b>8</b>
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. t IV, Section A, 2; Part IV, Sect rt V, line 1; Par	Provide the ex lines 1, 2, 3b, tion C, line 1; F rt V, Section B	planations requ 3c, 4b, 4c, 5a, Part IV, Section , line 1e; Part \	ired by Part II, line 10 6, 9a, 9b, 9c, 11a, 1 D, lines 2 and 3; Pari /, Section D, lines 5, 6 information. (See inst	; Part II, line 17a or Ib, and 11c; Part IV, IV, Section E, lines 5, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
•							
•							
•							
• • • • • • • • • • • • • • • • • • • •							
•							
• • • • • • • • • • • • • • • • • • • •							

DAA Schedule A (Form 990) 2021

## Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

**202**′

Department of the Treasury Internal Revenue Service u Attach to Form 990 or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service u Go to www.frs.gov/Form990 for the latest information Name of the organization

Employer identification number

Lean Ense	emble Theater	47-2994571
Organization type (	(check one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 foun	ndation
	501(c)(3) taxable private foundation	
, ,	zation is covered by the <b>General Rule</b> or a <b>Special Rule</b> . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
General Rule		
or more (in r	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instructional contributions.	-
Special Rules		
regulations under the first term of the first te	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 at received from any one contributor, during the year, total contributions of the gree amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	20), Part II, line 13, 16a, or eater of (1) \$5,000; or e Parts I and II.
literary, or ed	during the year, total contributions of more than \$1,000 exclusively for religious, ducational purposes, or for the prevention of cruelty to children or animals. Compum (b) instead of the contributor name and address), II, and III.	
contributor, of contributions during the year General Ru	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, is totaled more than \$1,000. If this box is checked, enter here the total contribution ear for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the applies to this organization because it received <i>nonexclusively</i> religious, charitable or more during the year	but no such ons that were received he parts unless the itable, etc., contributions
must answer "No" or	exation that isn't covered by the General Rule and/or the Special Rules doesn't file n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of the special that the filing requirements of Schedule B (Form 990).	

Name of organization

Schedule B (Form 990) (2021)

Lean Ensemble Theater

Employer identification number 47-2994571

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		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Nume, deditos, una Em 1 4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Name, address, and ZIF + 4	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ 5,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Schedule B (Form 990) (2021)

Lean Ensemble Theater

Employer identification number 47-2994571

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 35,784	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 90,228	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Lean Ensemble Theater 47-2994571 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a a Total number of conservation easements **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 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 u \$ ..... 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

Pa	rt III Organizations Maintaining (	Collections of	Art, Historical Ti	easures, or Othe	r Simila	ar As	sets (	continu	ıed)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records,	check any of the follow	wing that make significa	ant use of	its	•			
•	Public exhibition	4 <b></b>	Loop or evelopee pro	ogram						
a	H		Loan or exchange pro	-						
b	Scholarly research	е 🔛	Other							
C	Preservation for future generations	ntiana and avalain h	and the state of the ser	ani-ation's average nu		104				
4	Provide a description of the organization's collection	ctions and explain r	now they further the or	ganization's exempt pu	rpose in F	чап				
_	XIII.	:								
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be		·	·					es [	No
Pa	rt IV Escrow and Custodial Arra		<u> </u>							
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on Form 990, Pa	rt IV, line 9, or rep	orted a	n amo	ount or	Form		
12	Is the organization an agent, trustee, custodian	or other intermedia	n, for contributions or	other accets not						
ıu	· ·		•					$\square$ v	es 「	No
h	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII an	d complete the follo	wing table:					ш ''	,5 L	140
D	ii res, explain the arrangement in Fart Ain an	a complete the folic	owing table.					Amoun		
_	Reginning halance					10		7 1110 011		
نا	Beginning balance					1c				
a	Additions during the year					1d				
_	Distributions during the year					1e			—	
f	Ending balance					1f				٦
	Did the organization include an amount on Form			•					es	No
	If "Yes," explain the arrangement in Part XIII. Cl	neck nere if the exp	lanation has been pro	vided on Part XIII					<u></u>	
Pa	rt V Endowment Funds.		a.a. Farras 000 Da							
	Complete if the organization a				1		1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years	back	<b>(e)</b> Fou	ır years	back
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	(line 1g, column (a)) h	eld as:						
а	Board designated or quasi-endowment ${f u}$	%								
b	Permanent endowment <b>u</b> %									
	Term endowment <b>u</b> %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
3a	Are there endowment funds not in the possession	on of the organization	on that are held and a	dministered for the						
	organization by:	· ·							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o									
Pa	rt VI Land, Buildings, and Equip		mont rando.							
	Complete if the organization a		on Form 990 Pa	rt IV line 11a See	Form	990 F	Part X	line 1	n	
	Description of property	(a) Cost or other			Accumulate		1	(d) Book		
	Decemption of property	(investment)	1 ''		depreciation	<u> </u>		(4) 200	valuo	
10	Land	, , , ,	(6.0							
	Land									
D	Buildings									
	Leasehold improvements		+							
	Equipment									
	Other		Coolumn (P) line 10a	1		_				
ı Oldi	. Aud mies la miough le. (Column (a) Must equ	ai i Uiiii 990, Fdfl 7	x, colullii (₽), IIII <del>C</del> 100	·/		u	l			

Schedule D (Fo			47-2994571	Page
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on F	orm 990 Part IV lin	e 11h. See Form 990. Pa	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(-,	Cost or end-of-year	
(1) Financial o	derivatives			
(2) Closely hel	d equity interests			
(2) Other				
(4)				
(D)				
(C)				
(D)				
<b>(-</b> )				
(C)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)u			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11c. See Form 990, Pa	rt 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) must equal Form 990, Part X, col. (B) line 13.)u			
Part IX	Other Assets.	orm 000 Dort IV lin	a 11d Saa Farm 000 Da	rt V lina 15
	Complete if the organization answered "Yes" on F	om 990, Part IV, III	e 11a. See Form 990, Pa	(b) Book value
(1)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)			<u> </u>	
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes			
(2) Prepa	id subscriptions			18,395
(3) Prepa	id flex pass			13,220
(4) Payro	ll liabilities			1,853
(5) Prepa	id Tickets			680
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)		u	34,148
2. Liability for u	uncertain tax positions. In Part XIII, provide the text of the footno	te to the organization's fin	ancial statements that reports the	e

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements $_{\dots}$		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, P			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
	Donated services and use of facilities			
		ا ما		
	Other losses			
	Other (Describe in Part XIII.)		20	
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	42		
a		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	46	
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	4b		
b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	4b	5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	anes 1b and 2b; Part \	/, line 4; Part X, line	

Schedule D (Fo	rm 990) 2021	Lean	Ensemble	Theater	47-2994571	Page <b>5</b>
Part XIII	Supplementa	I Info	Ensemble rmation (continu	ed)		
	- Сирристи		1111011011 (0011111101			
• • • • • • • • • • • • • • • • • • • •						
						• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						

### SCHEDULE O (Form 990)

### 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.

OMB No. 1545-0047 **2021** 

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

47-2994571 Lean Ensemble Theater Form 990, Part III, Line 4d - All Other Accomplishments Lean Ensemble Theater is a professional performing arts based company In the 2021/2022 season the Theater produced 5 plays. In addition, the Theater provided educational programs throughout the course of the season. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Will be reviewed by the Treasurer, Artistic and Executive Director and Board Chair prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of interest statement is signed and reviewed annually Form 990, Part VI, Line 15a - Compensation Process for Top Official All Compensation matters are approved by the Executive Comittee of the Board of Directors Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request

Form **4562** 

Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number Name(s) shown on return Lean Ensemble Theater 47-2994571 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 1,571 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 \_\_\_\_\_\_ If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/I 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property S/L MM Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a S/L Class life 12-year 12 yrs. S/I 30-year MM S/I 30 yrs. 40-year MM 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 \_\_\_\_\_ 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,571 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ..... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

2258 Lean Ensemble Theater

47-2994571 FYE: 6/30/2022

## **Federal Statements**

11/9/2022 6:46 PM

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

Description	<u>E</u>	Total xpenses	Program Service	agement & General	 Fund Raising
Scenary/Lighting	\$	9,888	\$ 9,888	\$	\$
Telephone		4,635	3,476	1,159	
Education		4,480	3,360	1,120	
Other Expense		4,245	3,989	256	
Cast Meals		3,916	3,916		
Dues and subscriptions		2,066	1,550	516	
Meals - Admin		432	 	 432	 
Total	\$	29,662	\$ 26,179	\$ 3,483	\$ 0

2258 Lean Ensemble Theater

**Federal Statements** 

11/9/2022 6:46 PM

47-2994571 FYE: 6/30/2022

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	 2017	2018			2019	2020	 2021
	\$ 2,000	\$	21,700	\$	39,423	\$	\$ 16,500
Total	\$ 2,000	\$	21,700	\$	39,423	\$ 0	\$ 16,500

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)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21D Employer identification number C Name of organization Check if applicable: Address change Lean Ensemble Theater \*\*-\*\*\*4571 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 843-715-6676 Initial return PO Box 23214 Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29925 160,647 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Myla Lerner 39 Sea Lane H(b) Are all subordinates included? Hilton Head Island If "No," attach a list. See instructions SC 29928 www.leanensemble.org H(c) Group exemption number ▶ Website: Year of formation: 2015 X Corporation Trust Association Form of organization: Other > M State of legal domicile: Part I Summarv Briefly describe the organization's mission or most significant activities: Lean Ensemble Theater is a professional, performing arts based company Activities & Governance founded in the spirit that theater is a living entity which is bigger than any individual or group lucky enough to work in the field 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 2 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) ...... 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 225,299 153,670 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 6,977 88,437 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 313,736 160,647 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 133,653 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 96,898 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 155,816 61,008 289,469 157,906 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,741 24,267 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 58 189,721 210,548 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 19,443 37,529 22 Net assets or fund balances. Subtract line 21 from line 20 170,278 173,019 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. Signature of officer Sian Lisa Snider Here Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed \*\*-\*\*\*7046 **Preparer** Carey & Company P.A. Firm's EIN Firm's name **Use Only** 70 Main Street, Suite 100 843-681-4430 Hilton Head Island, SC X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
L f	Briefly describe the organization's mission: ean Ensemble Theater is a professional performing arts based counded in the spirit that theater is a living entity which is ny individual or group lucky enough to work in the field	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes X 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.	
L f w a	(Code: )(Expenses \$\frac{\text{including grants of \$\frac{\text{personseq}}{\text{personseq}}}\$) (Revenue \$\text{ean Ensemble Theater is a professional performing arts based counded in 2015. In the 2020/2021 season the Theater produced hich was not a typical performance season due to the COVID-19 ddition, the Theaterprovided educational programs throughout the season.	1 play, pandemic. In he course of
	······································	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ '/A	
	·	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ '/A	)
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 19,878 including grants of \$ ) (Revenue \$  Total program service expenses ▶ 19,878	)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3,5
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŭ	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f		Х
12a				v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		x
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$400,000 or march 15 Was " complete School 15 F. Dorta Land IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 110		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	The strict of required contained,		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4-	employees? If "Yes," complete Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			٠,
••	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
•	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			<del></del>
·	"Yes " complete Schedule I Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		•	_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	1	X

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  $\dots$ 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. **a** Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b **c** Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

\*\*-\*\*\*4571 Form 990 (2020) Lean Ensemble Theater Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 12 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 anv other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b 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? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 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? X **a** The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
Blake White

PO Box 23214

financial statements available to the public during the tax year.

SC 29925

303-960-8689

Hilton Head Island

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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	box	(C) Positio (do not check moto) box, unless perso officer and a dire		ition more rson i	s both an or/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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(1035-10100)	(W 21000 IMC6)	related organizations
(1) Myla Lerner	4 00								
Burgalant	4.00						0	_	_
President	0.00	X		X			0	0	0
(2) Mary Briggs	2.00								
Vice President	0.00	X		X			0	0	0
(3) Lisa Snider									
•	2.00								
Treasurer	0.00	X		X			0	0	0
(4) Bo Pearson									
	2.00								
Secretary	0.00	X		X			0	0	0
(5) Joe Maguire	0.00								
Manihan	2.00			x			_	0	0
Member (6) Steve Hasley	0.00	X		^			0	0	0
(6) Steve Hasley	2.00								
Member	0.00	x		x			0	0	0
(7) Carolyn Males	0.00	A		A					
(/) Caroryii Parcs	2.00								
Member	0.00	X					0	0	0
(8) Cathy Nairne									
.,	2.00								
Member	0.00	X					0	0	0
(9) Tim Ridge									
_	2.00								
Member	0.00	X					0	0	0
(10) Charles Russ									
	2.00								
Member	0.00	X					0	0	0
(11) Gloria Holmes	0.00								
	2.00							_	_
Member	0.00	X					0	0	Form <b>990</b> (2020)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)						
	(A) Name and title	(B) Average hours per week (list any	Average hours per week (list any  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position Reportable compensation from the organization organization  Reportable compensation compensation from the organization organization									(F) Estimated amount of other compensation from the organization and				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anızatıon d organi:				
(12	Randi Wolfe	2.00	x						0	0				0		
(13	B) Blake White	40.00	x		x				62,000	0				0		
1b	Subtotal			• • • • •					62,000							
d 2	Total from continuation sheet Total (add lines 1b and 1c). Total number of individuals (in reportable compensation from	cluding but not li	mite	d to				bove	62,000 e) who received more than	\$100,000 of						
3	Did the organization list any <b>fc</b> employee on line 1a? <i>If</i> "Yes,"	ormer officer, dir	ecto dule	r, tru <i>J for</i>	suc	h ind	dividu	ıal 📜				3		No X		
4 5	For any individual listed on line organization and related organization and related organindividual  Did any person listed on line	nizations greater	thar	າ \$15 	50,00	00? <i>I</i>	f "Ye	s," c	complete Schedule J for su	ch		4		X		
	for services rendered to the o	rganization? <i>If "</i> Y										5		X		
<u>Sect</u>	ion B. Independent Contractor  Complete this table for your fire		ensa	ated	inde	pend	ent o	contr	ractors that received more t	than \$100,000 of						
	compensation from the organization	zation. Report co (A) business address	mpe	ensat	ion f	or th	ne ca	lend	, ,	in the organization's tax ye (B) ion of services	ear.		(C) pensation			
	Name and	bùsîness address							Descript	ion of services		Comp	peńsation	1		
2	Total number of independent or received more than \$100,000								se listed above) who	0						

га	πν			edule O cont	ains a	respon	se or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated camp	paigns		1a						
and Other Similar Amounts	b	Membership due	es		1b						
À,	С	Fundraising eve	nts		1c						
a	d	Related organiz	ations		1d						
Ξ		Government grants (co			1e		11,473				
S		All other contributions,									
Ę		and similar amounts no	ot include	d above	1f		142,197				
b	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
au	h	Total. Add lines	1a–1f	·			<b>b</b>	153,670			
							Business Code				
3	2a	General ti	cket	sales				6,961	6,961		
Revenue	b	Other Inco	me					16	16		
`₫	С										
æ	d										
-	e										
		All other program						6,977			
		Total. Add lines Investment incor						0,911	I		
	3	other similar am	`	ŭ	•	-	•				
	4	Income from inv									
	5					•					
	-	· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	_d	Net rental incom	e or (	oss)							
	7a	Gross amount from sales of assets		(i) Securities	s	(ii)	) Other				
		other than inventory	7a								
e l	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b								
월		Gain or (loss)	7c								
Je		Net gain or (loss				<u> </u>					
วี	8a	Gross income from		ising events							
		(not including \$									
		of contributions rep		n line 1c).							
		See Part IV, line 18			8a						
					8b						
		Gross income from		_	events						
	Ja	See Part IV, line 19		g activities.	9a						
	h	Less: direct exp			9b						
		Net income or (I					•				
		Gross sales of in			111100						
		returns and allow		-	10a						
	b	Less: cost of go			10b						
		Net income or (I									
$, \top$							Business Code				
Revenue	11a										
eun	b										
Š	С										
-		All other revenue									
		Total. Add lines			<u> </u>		<b>&gt;</b>				
	42	Total revenue	Caa is	acturations.			<b>L</b>	160.647	6.977	Λ.	0

	irt IX Statement of Functional Exp			··43/I	Page 10
	ion 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All oth		mplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	90,625	8,625	82,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,273		6,273	
10 11	Payroll taxes  Fees for services (nonemployees):	0,213		0,213	
a	Management				
b	Legal				
C	Accounting	4,300		4,300	
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	15,140		15 140	
12	Advertising and promotion Office expenses	3,024		15,140 3,024	
13 14	Office expenses Information technology	3,024		3,024	
15	Royalties	4,375	4,375		
16	Occupancy	12,810	,	12,810	
17	Travel	289	289	,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,572	1,572		
22 23	Depreciation, depletion, and amortization Insurance	712	1,312	712	
24	Other expenses. Itemize expenses not covered	, 12		, 12	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Education	5,810		5,810	
b	Telephone	4,436		4,436	
C	Merchant fees	2,848	2,848	1 [10	
d	Other Expense	2,026 3,666	507 1,662	1,519 2,004	
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	157,906	19,878	138,028	0
25 26	Joint costs. Complete this line only if the	137,300	10,010	130,020	<u> </u>
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest-bearing			169,147	1	189,461
2	Savings and temporary cash investments		·	2	•	
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or form					
	trustee, key employee, creator or founder, substantial	35%				
	controlled entity or family member of any of these per			5		
6	Loans and other receivables from other disqualified p					
	under section 4958(f)(1)), and persons described in s	ection 4958(c)(3	B)(B)		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			11,800	9	13,885
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	11,000			
b	Less: accumulated depreciation		3,798	8,774	10c	7,202
11	Investments—publicly traded securities			11		
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line		189,721	16	210,548	
17	Accounts payable and accrued expenses			17		
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
22	Loans and other payables to any current or former of					
	trustee, key employee, creator or founder, substantial		35%			
	controlled entity or family member of any of these per				22	
23	Secured mortgages and notes payable to unrelated the				23	
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payables					
	parties, and other liabilities not included on lines 17-2	1). Complete Pa	art X	10 442		27 500
	of Schedule D			19,443	25	37,529
26	Total liabilities. Add lines 17 through 25			19,443	26	37,529
	Organizations that follow FASB ASC 958, check h	ere ► 🔼				
	and complete lines 27, 28, 32, and 33.			170 270	07	172 010
27				170,278	27	173,019
28	Net assets with donor restrictions		28			
	Organizations that do not follow FASB ASC 958, c	neck nere				
20	and complete lines 29 through 33.				20	
29	Capital stock or trust principal, or current funds			29		
30	Paid-in or capital surplus, or land, building, or equipm	or other funds			30	
31 32	Retained earnings, endowment, accumulated income, Total net assets or fund balances		170,278	31	173,019	
	Total net assets or lund balances			11U,210	JZ I	1/J,U13

Form **990** (2020)

Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				$oldsymbol{oldsymbol{oldsymbol{\Box}}}$		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1.		<u>906</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			741		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	70,2	<u> 278</u>		
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 on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	1'	73,0	019		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.		
				Yes	No		
1	Accounting method used to prepare the Form 990:						
	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?		2a		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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	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?		3a		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 on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization

Lean Ensemble Theater

Employer identification number \*\*-\*\*4571

Pa	ırt I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.		
The o	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box	.)			
1	Ň			ociation of churches described i						
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ).)				
3	П			ce organization described in sec			iii).			
4	Н	•		I in conjunction with a hospital of			•	ospital's name		
-	ш	city, and state		<b>.</b>				,,,		
5	П	•		of a college or university owned	or operati	ed by a c	overnmental unit described in			
·	ш	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	П			overnmental unit described in s	ection 17	70(b)(1)(A	λ)(v).			
7	Н	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
-	ш	-	section 170(b)(1)(A)(vi). (C		9511		ann er nem ane general pasie			
8	$\Box$			170(b)(1)(A)(vi). (Complete Part	II.)					
9	П	•		cribed in section 170(b)(1)(A)(i	,	ed in con	iunction with a land-grant collec	ge		
-	Ш	•	•	of agriculture (see instructions). I				5-		
		university:	J J	,						
10	X	An organizati	on that normally receives: (1	) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	DSS		
	_	receipts from	activities related to its exem	pt functions, subject to certain e	exceptions	; and (2)	no more than 331/3% of its			
			-	d unrelated business taxable in	•		•			
	$\Box$		<u> </u>	0, 1975. See section 509(a)(2).			•			
11	Н	•	•	exclusively to test for public safe	•					
12	Ш	-	•	exclusively for the benefit of, to protions described in acction.						
				zations described in <b>section 509</b>				•		
	_	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. You must complete Part IV, Sections A and B.									
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
				ting organization vested in the s				ed		
		organizati	on(s). You must complete	Part IV, Sections A and C.						
	С	Type III	functionally integrated. A s	supporting organization operated	in conne	ction with	n, and functionally integrated w	ith,		
		its suppo	rted organization(s) (see ins	structions). You must complete	Part IV,	Sections	A, D, and E.			
	d		•	I. A supporting organization ope				• •		
				e organization generally must sa	-		-	ess		
		_ `	,	nust complete Part IV, Section						
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III			
	f		nber of supported organizati	• • • • • • • • • • • • • • • • • • • •	ing organ	iization.				
	g			ne supported organization(s).						
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
( )		ganization	( )	(described on lines 1–10		ır governing	support (see	other support (see		
				above (see instructions))	docur	nent?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)					[					
Total										

Page 2

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	)	(f) Total
7	Amounts from line 4	(4) 20:0	(3) 23	(0) 20 10	(4) 20.0	(0) 2020		(.)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)				L	12	
13	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)		_
	organization, check this box and stop her						<u></u>	
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2020 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%
15	Public support percentage from 2019 School	edule A, Part II, lin	e 14			L	15	<u>%</u>
16a	33 1/3% support test—2020. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		
	box and <b>stop here</b> . The organization qual							▶ ∟
b	<b>33 1/3% support test—2019.</b> If the organ this box and <b>stop here</b> . The organization			onization	15 is 33 1/3% or m			▶ □
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization mee							
	Part VI how the organization meets the "formatter organization meets"				•			
	organization			•		•		▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	<b>19.</b> If the organizat	ion did not check a	a box on line 13, 10	6a, 16b, or 17a, ar	nd line		
	in Part VI how the organization meets the				•	•		
	organization			-				▶ □
18	<b>Private foundation.</b> If the organization did	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ee		<b></b> □
	instructions							<u> </u>

Page 3

### 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.)

Sec	tion A. Public Support	quality drider th	e tests listed b	elow, please ce	implete i art ii.	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(4)	(3)		(1)		
	received. (Do not include any "unusual grants.")	109,068	154,092	184,825	225,299	153,670	826,954
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	103,102	128,908	138,987	88,437	6,977	466,411
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	212,170	283,000	323,812	313,736	160,647	1,293,365
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		2,000	21,700	39,423		63,123
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						
С	Add lines 7a and 7b		2,000	21,700	39,423		63,123
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1,230,242
Sec	tion B. Total Support		•	<u>'</u>	•		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	212,170	283,000	323,812	313,736	160,647	1,293,365
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					T	
	and 12.)	212,170	283,000	323,812	313,736	160,647	1,293,365
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here			-			. □
Sec	tion C. Computation of Public St					<u></u>	
15	Public support percentage for 2020 (line 8			in (f))		15	95.12 %
16	Public support percentage from 2019 Sche						94.57 %
	tion D. Computation of Investme						94.37 70
17	Investment income percentage for 2020 (I			, column (f))		17	%
18	Investment income percentage from 2019 S		lin = 47			40	%
19a	33 1/3% support tests—2020. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the orga	ox and <b>stop here.</b> <sup>1</sup>	Γhe organization q	ualifies as a public	ly supported orgar	nization	<b>&gt;</b> X
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		_			-	▶ □

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
\ (Fc	orm 99	0 or 990-	EZ) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.0		
·	detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations	1110		
Occi	on B. Type i Supporting Organizations		Yes	No
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Secti	ion D. All Type III Supporting Organizations			
	on 2.7 m Type in Cappering Cigamizations		Yes	No
4	Did the ergenization provide to each of its supported ergenizations, by the lest day of the fifth month of the		163	140
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)	).	
2	Activities Test. Answer lines 2a and 2b below.	ĵ	Yes	No
а	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.	22		
h	·	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

Schedu	ule A (Form 990 or 990-EZ) 2020 Lean Ensemble Theater		**-***45	71 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, 1	1970 (explain in <b>Part VI</b> ). Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	lete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization	
	(see instructions).		5 5	

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish exempt purpo-	ses			
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations			
4_	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in <b>Part VI</b> )			
6	Other distributions (describe in Part VI). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organizations	ation is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	1	<b>r</b>		
Sect	Section E – Distribution Allocations (see instructions)  (i)  (ii)  Underdistributions  Pre-2020				
1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<del></del>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	•				
6	greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2020 Subtract lines 3h				
0	3				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	LACCOC HOITI LULU				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	n 990 or 990-EZ) 2020	Lean	Ensemble	Theater		**-***4571	Page 8
Part VI	Supplemental Ir III, line 12; Part IV B, lines 1 and 2; If 3a, and 3b; Part V	<b>nformation.</b> For the section A, Part IV, Section IV, Inc. 1; Part IV, III, III, III, III, III, III, III,	Provide the ex lines 1, 2, 3b, on C, line 1; F t V, Section B,	planations requ 3c, 4b, 4c, 5a, Part IV, Section line 1e; Part V	6, 9a, 9b, 9c, 11a, 7 D, lines 2 and 3; Pa 7, Section D, lines 5,	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and 6.	Also comple	te this part for	any additional	information. (See in	structions.)	

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*4571 Lean Ensemble Theater 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ......

Pa	rt III Organizations Maintaining (	Collections of	Art, H	istorical Tr	easures,	or Othe	r Simil	ar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records	s, check	any of the foll	owing that m	nake signif	icant use	e of its				
а	Public exhibition	d $\square$	Loan or	exchange prog	gram							
b	Scholarly research											
С	Preservation for future generations											
4	Provide a description of the organization's colle	ections and explain	how the	ey further the	organization's	s exempt i	purpose	in Par	İ			
	XIII.	·										
5	During the year, did the organization solicit or	receive donations	of art, his	storical treasur	es, or other	similar						
	assets to be sold to raise funds rather than to	be maintained as լ	part of th	e organization	's collection'	?				Ye	es	No
Pa	rt IV Escrow and Custodial Arra	ngements.										
	Complete if the organization a 990, Part X, line 21.	nswered "Yes"	on Fo	rm 990, Paı	t IV, line 9	9, or rep	orted a	n am	ount c	n Forn	n	
1a	Is the organization an agent, trustee, custodian		-								_	_
	included on Form 990, Part X?									Y€	es	No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fo	llowing t	able:								
										Amoun	t	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f		$\overline{}$		_
	Did the organization include an amount on For										_	No
	If "Yes," explain the arrangement in Part XIII. C	check here if the ex	xplanatio	n has been pr	ovided on P	art XIII						
Pa	ert V Endowment Funds.			000 D	4 N / 15	10						
	Complete if the organization a						( ), Ti					<del></del>
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	( <b>a</b> ) Thr	ee years	back	(e) Fou	r years	back
	Beginning of year balance											
	Contributions											
С	Net investment earnings, gains, and											
	losses											
	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
	Administrative expenses											
_	End of year balance		. (!: 4 -		la a lali a a c							
2	Provide the estimated percentage of the current	•	e (line 10	j, column (a))	neid as:							
	Board designated or quasi-endowment	70										
	Permanent endowment ▶ %  Term endowment ▶ %											
C	The percentages on lines 2a, 2b, and 2c should	d ogual 100%										
32	Are there endowment funds not in the possess		ation that	are hold and	administara	d for the						
Ja	organization by:	ion of the organiza	auon mai	are new and	aummistered	i for the					Yes	No
	,									3a(i)	162	NO
	(i) Unrelated organizations									3a(ii)		
h	(ii) Related organizations	one lieted as requi	red on S	chedule R2						3b		
1	Describe in Part XIII the intended uses of the									_ 30		<u> </u>
Pa	art VI Land, Buildings, and Equip		WITHERIC I	unus.								
	Complete if the organization a		on Fo	rm 00∩ Par	t IV/ line 1	11a See	Form	aan	Part X	line 1	١٥	
	Description of property	(a) Cost or other b		(b) Cost or o			Accumulate		<u> </u>	(d) Book		
	paon or proporty	(investment)		(othe			preciation			,., Dook		
12	Land	, ,		`								
h.u	Land Buildings											
	Leasehold improvements											
	Equipment											
	Other			•	11,000		3	,798	3		7.	202
	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colui					<b>&gt;</b>			7,	202

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12.  (b) Floating terms of exactly transpared (b) Risks value (c) states or states (c) states or states (c) states or states (c) states or states (c) states (c) states or states (c) s	Part VII	Investments – Other Securities.	Form 000 Port IV lin	oo 11h Soo Form 000 Port V	lino 12
Cost or ent-of-year market value					
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			(b) book value	` '	
(2) Closely held equity interests	(1) Financial	danis salti saa		Cost of one of your market	value
(3) Other (A) (B) (C) (C) (C) (C) (C) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				+	
(i) (ii) (iii) (ii	(2) Closely no	eia equity interests		+	
(G) (C) (C) (E) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other			+	
(C)			_		
(E) (F) (S) (S) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(F) (G) (H) (Total. (Column (b) must equal Form 990, Part X cot. (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) loscopion of received investment (b) Book value (c) Memost of valuation (cost or anst-of-year market value)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, cot. (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) must equal Form 990, Part X, cot. (B) line 15.)  Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value (c) (c) Book value (d)					
(6) (1) (2) (2) (3) (4) (5) (6) (6) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(E)				
Cotal. (Column (b) must equal Form 990, Part X col. (B) line 12.)   Part Vill   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) Memor of relations: Court or end-of-year market value   (d)   (e)   (e)   (e)   (f)   (e)   (e)   (f)   (e)   (f)	(F)				
Total. (Column (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.   Cost or end-of-year market value   Co	(G)				
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) Memod of valuation: Cost or end-of-year market value	(H)				
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) Methods of valuation: Cost or end-dyear market value  (1) (2) (3) (4) (5) (6) (9) (7) (6) (9) (9) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (9) Description (1) (8) (9) (9) (1) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (9) (1) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII	Investments - Program Related.		•	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11c. See Form 990, Part X,	line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Description (c) Description (d) Description (e) Description (f) (g) (g) Total. (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.  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 Mallities (1) Federal income taxes (2) Payroll Procection Program Loan (3) Payroll Liabilities (4) (5) (6) (7) (8) (9)		· · · · · · · · · · · · · · · · · · ·			
Complete				Cost or end-of-year market	value
Complete	(1)		1	1	
3  (4) (5)   (6)   (7)   (8)   (9)				+	
4					
S				+	
(6)   (7)   (8)   (9)   (9)   (9)   (9)   (9)   (9)   (1)					
C7   (8)   (9)					
(8) (9)  Total. (Column (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)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities  (5) (6) (7) (8) (9)					
9					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX					
Part IX	(9)				
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 (c) (3) (4) (5) (6) (7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities (4) (5) (6) (6) (7) (8) (9)	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (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) Payroll Proection Program Loan 35,78  (3) Payroll liabilities 1,74  (4)  (5)  (6)  (7)  (8)  (9)	Part IX		Form 990 Part IV lir	ne 11d See Form 990 Part X	line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)  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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 11,74 (4) (5) (6) (7) (8) (9)		· •			
(2) (3) (4) (5) (6) (7) (8) (9)  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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)	(1)	· · · · · · · · · · · · · · · · · · ·			(-)
(3) (4) (5) (6) (7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(6) (7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(7) (8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(8) (9)  Total. (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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)					
(9)  Total. (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) Payroll Proection Program Loan 35,78  (3) Payroll liabilities 11,74  (4)  (5)  (6)  (7)  (8)  (9)					
Total. (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) Payroll Proection Program Loan 35,78  (3) Payroll liabilities 11,74  (4) (5) (6) (7) (8) (9)					
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) Payroll Proection Program Loan 35,78 (3) Payroll liabilities 1,74 (4) (5) (6) (7) (8) (9)	(9)				
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) Payroll Proection Program Loan 35,78  (3) Payroll liabilities 11,74  (4) (5) (6) (7) (8) (9)				<u></u> ▶	
Iine 25.   1.   (a) Description of liability   (b) Book value   (1)   Federal income taxes   (2)   Payroll   Proection   Program   Loan   35,78   (3)   Payroll   liabilities   1,74   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (9)   (1)   (	Part X				
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       2         (2) Payroll Proection Program Loan       35,78         (3) Payroll liabilities       1,74         (4)       (5)         (6)       (7)         (8)       (9)		Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 990,	Part X,
(1) Federal income taxes (2) Payroll Proection Program Loan (3) Payroll liabilities (4) (5) (6) (7) (8) (9)		line 25.			
(2) Payroll Proection Program Loan       35,78         (3) Payroll liabilities       1,74         (4)       (5)         (6)       (7)         (8)       (9)	1.	(a) Description of liability			(b) Book value
(3) Payroll liabilities (4) (5) (6) (7) (8) (9)	(1) Federal	income taxes			
(3) Payroll liabilities (4) (5) (6) (7) (8) (9)	(2) Payre	oll Proection Program Loan			35,78
(4) (5) (6) (7) (8) (9)		<del>-</del>			
(5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,52					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					37,52

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

Pa	rt XI Reconciliation of Revenue per Audited Financia		ie per Return.	
	Complete if the organization answered "Yes" on Fo			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 45 and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII Reconciliation of Expenses per Audited Financ	al Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b			
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, li</i>			
5 Pa	Add lines 4a and 4b	ne 18.)	5	
<b>5</b> <b>Pa</b> Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Ii.  Int XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5 V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	
<b>5</b> <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part rt to provide any additional informa	V, line 4; Part X, line tion.	

Schedule D (Fo	orm 990) 2020	Lean	Ensemble	Theater	**-***4571	Page <b>5</b>
Part XIII	Supplementa	l Info	Ensemble rmation (continu	ıed)		
1 0.1 0 2 1.11	Сыррыныны					

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization

Lean Ensemble Theater

Employer identification number

\*\*-\*\*4571

Form 990, Part III, Line 4d - All Other Accomplishments
Lean Ensemble Theater is a professional performing arts based company
founded in 2015. In the 2020/2021 season the Theater produced 1 play,
which was not a typical performance season due to the COVID-19 pandemic. In
addition, the Theaterprovided educational programs throughout the course of
the season.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Will be reviewed by the Treasurer, Artistic and Executive Director and
Board Chair prior to filing
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Conflict of interest statement is signed and reviewed annually
Form 990, Part VI, Line 15a - Compensation Process for Top Official
All Compensation matters are approved by the Executive Comittee of the
Board of Directors
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents are available to the public upon request

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Identifying number \*\*-\*\*\*4571 Lean Ensemble Theater

	ess or activity to which this form relate							
	ndirect Depreciat							
Pa	ert I Election To Expe	-	-		omplete Dort			
1	Note: If you have  Maximum amount (see instructio		-	/ belore you c	_		1	1,040,000
2	Total cost of section 179 property						2	, ,
3	Threshold cost of section 179 pro	operty before reduction	n in limitation (see in:	structions)			3	2,590,000
4	Reduction in limitation. Subtract li						4	
5	Dollar limitation for tax year. Subtract li				see instructions		5	
6		on of property		b) Cost (business use		Elected cost	Ť	
				, , ,	.,			
7	Listed property. Enter the amount	t from line 29			7			
8	Total elected cost of section 179						8	
9	Tentative deduction. Enter the sr		0				9	
10	Carryover of disallowed deduction		0040 5 4500				10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction			_	13			
	: Don't use Part II or Part III below							
Pa	art II Special Depreciat	ion Allowance a	nd Other Depre	ciation (Don't	include liste	d propert	y. Se	e instructions.)
14	Special depreciation allowance for					•		,
	during the tax year. See instruction						14	
15	Property subject to section 168(f	\(\d\) = 1 = -t! =					15	
16	Other depreciation (including AC						16	1,572
Pa	art III MACRS Deprecia							•
			Section	Α				
17	MACRS deductions for assets pla	aced in service in tax				<u></u>	17	0
17 18	MACRS deductions for assets plant from the second of the s		years beginning befor	re 2020		<b>▶</b> □	17	0
	If you are electing to group any assets place		years beginning before ar into one or more general	re 2020asset accounts, check	here	<b>•</b>		
	If you are electing to group any assets place	ed in service during the tax ye	years beginning before ar into one or more general	asset accounts, check  x Year Using the  on se  (d) Recovery	here	<b>•</b>	ystem	
	If you are electing to group any assets place Section B—	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S	ystem	
18	Section B—.  (a) Classification of property  3-year property  5-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S	ystem	
18 19a	Section B—,  (a) Classification of property  3-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S	ystem	
18 19a b	Section B—.  (a) Classification of property  3-year property  5-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S	ystem	
19a b c	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S	ystem	
19a b c	If you are electing to group any assets place Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check IX Year Using the on se (d) Recovery period	e General Depi	reciation S	ystem	
19a b c d	If you are electing to group any assets place  Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check  x Year Using the  on se  (d) Recovery	e General Depi	reciation S  (f) Meth	ystem	
19a b c d e f	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs.	e General Depi	reciation S	ystem	
19a b c d e f	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check IX Year Using the One See  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs.	hereee General Depi	eciation S  (f) Meth	ystem	
19a b c d e f g	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real	Assets Placed in Ser  (b) Month and year placed in	years beginning before ar into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs.	MM MM MM	eciation S  (f) Meth	ystem	
19a b c d e f g	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	ed in service during the tax yes  Assets Placed in Ser  (b) Month and year placed in service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check ix Year Using the consecutive (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	eciation S  (f) Metr	ystem	(g) Depreciation deduction
19a b c d e f g h	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C—As	Assets Placed in Ser  (b) Month and year placed in	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check ix Year Using the consecutive (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	s/L S/L S/L S/L S/L S/L S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C—Astronomy	ed in service during the tax yes  Assets Placed in Ser  (b) Month and year placed in service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check IX Year Using the  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the	MM MM MM MM MM	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year	ed in service during the tax yes  Assets Placed in Ser  (b) Month and year placed in service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs.	MM MM MM MM Alternative De	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year	ed in service during the tax yes  Assets Placed in Ser  (b) Month and year placed in service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs. 30 yrs.	MM MM MM Alternative De	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b c d d	(a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property When the property 25-year property 20-year property 25-year property Residential rental property Nonresidential real property  Class life 12-year 30-year 40-year	Assets Placed in Ser  (b) Month and year placed in service  service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs.	MM MM MM MM Alternative De	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Section B—  Section B—  Section B—  Section C—As  Class life  12-year  Summary (See in	Assets Placed in Ser  (b) Month and year placed in service  (b) Month and year placed in service	years beginning before a into one or more general vice During 2020 Tate (c) Basis for depreciati (business/investment u only-see instructions	asset accounts, check IX Year Using the One (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs. 30 yrs.	MM MM MM Alternative De	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Art IV Summary (See in Listed property. Enection B—Art  Section B—Art  Section C—Art  Summary (See in Listed property. Enter amount fro	Assets Placed in Ser  (b) Month and year placed in service  (b) Month and year placed in service  service  ssets Placed in Service	years beginning before a sear into one or more general vice During 2020 Ta  (c) Basis for depreciati (business/investment u only-see instructions)  ice During 2020 Tax	asset accounts, check ix Year Using the  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  Year Using the  12 yrs.  30 yrs.  40 yrs.	MM MM MM Alternative De	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Art IV Summary (See in Listed property. Enter amount fro Total. Add amounts from line 12,	Assets Placed in Ser  (b) Month and year placed in service  (b) Month and year placed in service  service  ssets Placed in Service	years beginning before the property of the pro	asset accounts, check ix Year Using the  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  Year Using the  12 yrs.  30 yrs.  40 yrs.	MM MM MM Alternative De  MM MM  Alternative De	S/L	ystem od Systel	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Art IV Summary (See in Listed property. Enection B—Art  Section B—Art  Section C—Art  Summary (See in Listed property. Enter amount fro	Assets Placed in Ser  (b) Month and year placed in service  (b) Month and year placed in service  service  ssets Placed in Service  structions.)  m line 28  lines 14 through 17, I sof your return. Partners	years beginning before the property of the pro	asset accounts, check ix Year Using the  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  Year Using the  12 yrs.  30 yrs.  40 yrs.  umn (g), and line ations—see instru	MM MM MM Alternative De  MM MM  Alternative De	S/L	ystem	(g) Depreciation deduction

9/28/2021 4:11 PM Fund Raising ⟨೧-Management & General 174 2,004 1,830 Form 990, Part IX, Line 24e - All Other Expenses 850 762 50 1,662 Program Service Federal Statements ∙Ω-1,830 850 762 174 50 3,666 Expenses Total 2258 Lean Ensemble Theater Dues and subscriptions Description Film and editing Scenary/Lighting Meals - Admin FYE: 6/30/2021 Total \*\*-\*\*4571 Housing

	deral Sta	Federal Statements		is .	9/28/2021 4:11 PM
	dule A. Part	Schedule A. Part III. Line 1(e)			
Description				Amount	
ATAX Grants Contributions Grants			· w · w	11,473	
LOCAL			F	1001	
Schedi	dule A. Part	Schedule A. Part III, Line 2(e)			
Description				Amount	
Advertising sales General ticket sales Other Income Total			· w·	6,961 16 6,977	
Schedule A, Part III, Line 7a		Support from Disqualified Persons	lalified Persor	<u> </u>	
Donor Name 2016		2017	2018	2019	0000
₩.	·Ω·			2.01	2020
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		2,000 \$	21,700	39,	
	\$		21,700	39,	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Form (Rev. January 2020) Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  $\boldsymbol{u}$  Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For the	e 2019 calendar year, or tax year beginning $07/01/19$ , and ending $06/3$	30/20	)	_		
В	Check if a	applicable: C Name of organization			D Employ	er identificat	ion number
Ш	Address of	change Lean Ensemble Theater					
$\Box$	Name cha	Doing business as				299457	<u>'1                                    </u>
H		Number and street (or P.O. box if mail is not delivered to street address)	F	Room/suite		ne number -715-6	676
닐	Initial retu				1 0 = 3	-/15-0	0070
Ш	terminated	1					212 726
	Amended	return F Name and address of principal officer:			<b>G</b> Gross r	eceipts \$	313,736
亓	Application			H(a) Is this a	group return for	r subordinates?	Yes X No
Ш	пррисаци	My 14 Herrier		11/6) A!! -		-1110	Yes No
		39 Sea Lane		H(b) Are all s		iciuded? st. (see instruc	
		Hilton Head Island SC 29928		II IN	o, allacii a iis	st. (See instruc	uons)
<u> </u>		mpt status: X 501(c)(3) 501(c) ( ) t (insert no.) 4947(a)(1) or 527					
<u>J</u>	Website:			H(c) Group ex			
		organization: X Corporation Trust Association Other u	L Yea	r of formation:	Z015	M State o	f legal domicile: SC
	Part I	Summary					
	1 1	Briefly describe the organization's mission or most significant activities:					
ဗ္ဗ		Lean Ensemble Theater is a professional, performing					
nau		founded in the spirit that theater is a living enti-			prade	r than	
Governance		any individual or group lucky enough to work in the					
Ô	2 (	Check this box ${f u}$ if the organization discontinued its operations or disposed of more th	an 25%	of its net a	ssets.	1	
⋖ŏ	1	Number of voting members of the governing body (Part VI, line 1a)				12	
ies	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	11	
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				3	
Ac	6	Total number of volunteers (estimate if necessary)				25	
		Total unrelated business revenue from Part VIII, column (C), line 12					0
	l d	Net unrelated business taxable income from Form 990-T, line 39	<del></del>				0
	١.,	Contributions and sweets (Dot VIII line 4b)	-	Prior Y	ear 8 <b>4,82</b> 5	_	urrent Year <b>225,299</b>
e	8 (	Contributions and grants (Part VIII, line 1h)			8,987		88,437
Revenue	9 1	Program service revenue (Part VIII, line 2g)		1.5	00,907		00,437
Re	10 1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					0
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3.2	23,812	)	313,736
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>	.J, UIZ	!	0
		Benefits paid to or for members (Part IX, column (A), line 4)					0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		12	8,103	1	133,653
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)			10,100		0
e Se	h-	Total fundraising expenses (Part IV column (D) line 25) **					J
X	17 (	Other company (Dart IV, column (A) lines 445, 445, 245)		18	0,577	,	155,816
		Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			8,680		289,469
		Revenue less expenses. Subtract line 18 from line 12	····		5,132		24,267
- L		revenue less expenses. Cubitate inte 10 nom inte 12		Beginning of C			and of Year
ets	<b>20</b> -	Total assets (Part X, line 16)		17	3,752	)	189,721
Net Assets or	<u> </u>	Total liabilities (Part X, line 26)		2	27,741		19,443
E E	22	Net assets or fund balances. Subtract line 21 from line 20	[	14	6,011		170,278
F	Part II	Signature Block					
	Jnder pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements	s, and to the l	pest of my l	knowledge a	and belief, it is
tr	rue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has	s any knowled	lge.		
Sig	gn	Signature of officer			Dat	е	
	ere	Lisa Snider Tre	easu	rer			
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date	Chec	k if P	TIN
Pai	id	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA			self-e	mployed I	200033247
Pre	eparer	Firm's name } Carey & Company P.A.		<u> </u>	Firm's EIN }		-0927046
Us	e Only	70 Main Street, Suite 100					
		Firm's address } Hilton Head Island, SC 29926			Phone no.	843-	-681-4430
Ma	y the IR	RS discuss this return with the preparer shown above? (see instructions)					X Yes No

) (Revenue \$

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

Total program service expenses **u** 175,456

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3,7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			3.5
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			<b>.</b>
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			•
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in guardi and automata? If "Vac." complete Cabadula D. Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schodule D. Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f		_ X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٦,
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

22				No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			3.5
0.4-	employees? If "Yes," complete Schedule J	23		X
24a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b		24b		
c				
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
o <del>-</del>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		v
35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
ooa b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		x

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X  ${f b}$  If "Yes," enter the name of the foreign country  ${f u}$ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 ..... Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ..... а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

Form 990 (2019) Lean Ensemble Theater 47-2994571 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b 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? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ...... X 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 **u** SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records  ${f u}$ 

PO Box 23214

303-960-8689

SC 29925

Blake White

Hilton Head Island

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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	bo	x, unle icer a	Pos check ess pe nd a	rson i	than one is both an or/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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W21033-MIGG)	(W 2 loss lines)	related organizations		
(1) Myla Lerner	4.00										
President	0.00	x		x			0	0	0		
(2) Mary Briggs	0.00	1									
(1)-1-0-1	2.00										
Vice President	0.00	X		x			0	0	0		
(3) Lisa Snider											
	2.00										
Treasurer	0.00	X		X			0	0	0		
(4) Bo Pearson											
	2.00										
Secretary	0.00	X		X			0	0	0		
(5) Joe Maguire											
***************************************	2.00			3.5				_	0		
Member	0.00	X		X			0	0	0		
(6) Steve Hasley	2.00										
Member	0.00	x		x			0	o	0		
(7) Carolyn Males	0.00	^		^			0	0	0		
(i) careryii mares	2.00										
Member	0.00	x					0	0	0		
(8) Cathy Nairne	1										
(,, , , , , , , , , , , , , , , , , , ,	2.00										
Member	0.00	X					0	0	0		
(9) Tim Ridge											
	2.00										
Member	0.00	X					0	0	0		
(10) Charles Russ											
<u>.</u>	2.00							_			
Member	0.00	X					0	0	0		
(11) Randi Wolfe											
Mombon	2.00						0	0	_		
Member	1 0.00	X	<u> </u>	<u> </u>			l U	l U	O Form <b>990</b> (2019)		

Part VII

(A) Name and title		(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c s both or/trusto	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations		(F) timated of oth compens from t	amount ner sation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio	on and anizations	S
(12)	Blake White	40.00	х		х				48,000	0				0
									40.000					
	Subtotal				 <b>S</b>			u u	48,000					
	Total (add lines 1b and 1c)							u	48,000					
	Total number of individuals (in reportable compensation from				thos	e list	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ectoi dule	r, tru <i>J foi</i>	suc	h inc	dividi.	ıal				3	Yes	No X
	For any individual listed on liniorganization and related organing individual	nizations greater	than	\$15	50,00	00? /	· f "Ye	s," c	complete Schedule J for su	ch		4		x
5	Did any person listed on line for services rendered to the o	1a receive or acc	crue	com	pens	atior	n fror	n ar	ny unrelated organization oi	r individual		5		x
	n B. Independent Contracto		00,	00111	prote	001	roda		Ter ederi percen					
	Complete this table for your ficompensation from the organia	zation. Report co							dar year ending with or with	in the organization's tax y	ear.			
	Name and	(A) business address							Descript	(B) tion of services		Co	(C) mpensati	on
	Total number of independent received more than \$100,000								se listed above) who	0				

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

Pa	rt V			f Revenue	aine a	resnor	nse or n	ote	to any line in this	s Part VIII		
		Officer II	OCIA	sucie o com	anis c	тезрог	130 01 11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		es nts ations ontribution gifts, gra at included included 1a-1f	ns) nts, d above in lines 1a-1f			Business (	99 u	225,299 88,129 308	88,129 308		
	9 3 4 5	Total. Add lines Investment incoro other similar am Income from inv Royalties	ds, inte	rest, and proceeds	S	u u u u	88,437					
	6a b c	Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real								
Revenue	b	Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss)	7a 7b 7c	OSS)(i) Securitie			i) Other	u				
Other R	d	Net gain or (loss)  Gross income from (not including \$ of contributions rep	s) n fundra	ising events				u				
	С	See Part IV, line 18 Less: direct exp Net income or (I Gross income from	3 enses loss) fr	om fundraising	8a 8b events		1	u				
	b c	See Part IV, line 19  Less: direct expenses  Net income or (loss) from gaming activ			9a 9b			u				
	b	Gross sales of in returns and allow Less: cost of go Net income or (I	wance: ods sc	s	10a 10b ventory		· · · · · · · · · · · · · · · · · · ·	u				
Miscellaneous Revenue	11a b	•					Business (	Code				
Misc Re	d	All other revenue										
_		Total. Add lines							242 525	00.40=		_
	12	Total revenue.	See ir	structions				u	313,736	88,437	0	0

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all of

Pa	rt IX Statement of Functional Ex	penses								
Secti	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 resp	•								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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									
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	40.000		10.000						
	persons described in section 4958(c)(3)(B)	48,000	28,800	19,200						
7	Other salaries and wages	85,653	70,253	15,400						
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
a b	ManagementLegal									
C	Accounting	5,623		5,623						
d	Lobbying	0,020		3,020						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
q	Other. (If line 11g amount exceeds 10% of line 25, column									
Ū	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	17,529		17,529						
13	Office expenses	3,543		3,543						
14	Information technology	10,231		10,231						
15	Royalties	5,696	5,696							
16	Occupancy	34,110	21,300	12,810						
17	Travel	13,319	13,319							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates	1,571	1,571							
22	Depreciation, depletion, and amortization	1,5/1	1,3/1							
23 24	Insurance Other expenses. Itemize expenses not covered									
24	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Scenary/Lighting	14,038	14,038							
b	Housing	13,618	13,618							
С	Other Expense	11,428		11,428						
d	Merchant fees	5,217		5,217						
е	All other expenses	19,893	6,861	13,032						
25	Total functional expenses. Add lines 1 through 24e	289,469	175,456	114,013	0					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>									
	fundraising solicitation. Check here <b>u</b> if									
	following SOP 98-2 (ASC 958-720)									

				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest-bearing			151,004	1	169,147
2			2			
3			3			
4	A a a a company and a company				4	
5						
	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these p		5			
6	Loans and other receivables from other disqualified		as defined			
2	under section 4958(f)(1)), and persons described in	n section 4	958(c)(3)(B)		6	
7					7	
8					8	
9	Prepaid expenses and deferred charges			9,200	9	11,800
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	11,000			
l t	b Less: accumulated depreciation			10,345	10c	8 <b>,</b> 774
11					11	
12					12	
13		1			13	
14					14	
15				3,203	15	
16		ine 33)		173,752	16	189,721
17	Accounts payable and accrued expenses		17			
18					18	
19					19	
20					20	
21	Escrow or custodial account liability. Complete Part	t IV of Sche	edule D		21	
22						
22	trustee, key employee, creator or founder, substant	tial contribu	tor, or 35%			
	controlled entity or family member of any of these p	persons			22	
i   <sub>23</sub>	Secured mortgages and notes payable to unrelated	third parti	es		23	
24		nird parties			24	
25						
	parties, and other liabilities not included on lines 17					
	of Schedule D			27,741	25	19,443
26	Total liabilities. Add lines 17 through 25			27,741	26	19,443
	Organizations that follow FASB ASC 958, check					
3	and complete lines 27, 28, 32, and 33.	_				
27 28	Net assets without donor restrictions		L	146,011	27	170,278
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 958					
:	and complete lines 29 through 33.		_			
29	Capital stock or trust principal, or current funds		29			
29 30 31				30		
31		r funds		31		
32	Total not assets on fined belongs		146,011	32	170,278	
33				173,752	33	189,721

Form **990** (2019)

Pa	rt 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		L3,			
2	Total expenses (must equal Part IX, column (A), line 25)	2		39,4 24,2			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	<b>46,</b> (	<u> </u>		
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 on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	1'	70,2	<u> 278</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1		
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	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?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b				

Form **990** (2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Lean Ensemble Theater 47-2994571 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (i) Name of supported (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

is regularly carried on .....

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) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business

10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities, etc. (see instructions)						12			
13	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							▶		
Sec	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))						14	%		

15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. 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 **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions \_\_\_\_\_\_

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

<u></u>	tion A Dublic Comment	quality artaor ar	o tooto notou b	olovi, ploado do	inploto i ait ii.	/	
	tion A. Public Support	1 () 22/2	# N 0040	( ) 22/=	( 1) 22/2	( ) 22/2	(D. T. )
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,758	109,068	154,092	184,825	225,299	704,042
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		103,102	128,908	138,987	88,437	459,434
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	30,758	212,170	283,000	323,812	313,736	1,163,476
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			2,000	21,700	39,423	63,123
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						
С	Add lines 7a and 7b			2,000	21,700	39,423	63,123
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						1,100,353
	tion B. Total Support  ndar year (or fiscal year beginning in) u	(5) 2045	(h) 2040	(-) 2047	(4) 2040	(-) 2040	(f) T-4-1
		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	30,758	212,170	283,000	323,812	313,736	1,163,476
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	30,758	212,170	283,000	323,812	313,736	1,163,476
14	First five years. If the Form 990 is for the	e organization's first,					_
	organization, check this box and stop her	<u>е</u>					<u> </u>
	tion C. Computation of Public S					T .= T	
15	Public support percentage for 2019 (line 8						94.57 %
16	Public support percentage from 2018 Sch					16	97.21 %
	tion D. Computation of Investme			column (f)			0/
17 10	Investment income percentage for 2019 (Investment income percentage from 2019)		I line 17			40	<u>%</u>
18	Investment income percentage from 2018			14 and line 15 is r			%
19a	33 1/3% support tests—2019. If the orga						<b>&gt;</b> X
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2018. If the orga		-				
IJ	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di		=			=	

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
,	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
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.

Schedu	ile A (Form 990 or 990-EZ) 2019 Lean Ensemble Theater		47-29945'	71 Page 6		
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions			
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	comp	olete Sections A through E.			
Section A - Adjusted Net Income (A) Prior Year						
	on A Aujustou Not insome		(A) Thor rear	(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					
CO	lection of gross income or for management, conservation, or					
ma	intenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
				(optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
ins	tructions for short tax year or assets held for part of year):	4-				
	Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	e Discount 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,					
	e instructions).	<u>4</u> 5				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6				
6	Multiply line 5 by .035.	7				
<u>7</u> 8	Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)	8				
		0		0		
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11				
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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
en	nergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated 1	Type I	II supporting organization (se	e		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 **c** From 2016....\_ **d** From 2017 e From 2018 f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015. **b** Excess from 2016 ...... c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part III, line 10; Part IV, Section A. Inses 1, 2, 30, 30, 40, 40, 56, 6, 99, 80, 90, 90, 114, 105, 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, Ine 1: Part V, Section D, lines 1 and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		m 990 or 990-EZ) 2019		Ensemble			47-2994571	Page 8
	Part VI	III, line 12; Part B, lines 1 and 2; 3a, and 3b; Part	IV, Section A, ; Part IV, Sect : V, line 1; Par	lines 1, 2, 3b, tion C, line 1; F t V, Section B	3c, 4b, 4c, 5a, Part IV, Section , line 1e; Part V	6, 9a, 9b, 9c, 11a, 11 D, lines 2 and 3; Part , Section D, lines 5, 6,	o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
	•							
	•							
	•							
	•							
	•							
	•							
	•							
	•							
	•							
	•							
	•							

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

Lean Ensemble Theater 47-2994571 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 X 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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

age 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Larry Kramer 160 West 66th Street Apartment 36G New York NY 10023	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Diane & Charles Russ 71 Myrtle View St Bluffton SC 29910	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Donnelly Foundation 4 North Atlantic Warf Charleston SC 29401	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  Mimi Wyche & Davis Enloe 201 Brookwood Drive  Greenville SC 29605	Fotal contributions  \$ 5,090	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	The Shubert Foundation 234 West 44th Street New York NY 10036	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

u 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.

u Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization Employer identification number Lean Ensemble Theater 47-2994571 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 Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ | 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 u \$ (ii) Assets included in Form 990, Part X u \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

Part III Organizations Maintaining (	Collections of	Art, Historical T	reasures, c	r Other Simi	lar Asset	s (contin	ued)	
3 Using the organization's acquisition, accession collection items (check all that apply):	, and other record	s, check any of the fo	llowing that ma	ake significant us	e of its			
a Public exhibition	d 🗌	Loan or exchange pro	ogram					
<b>b</b> Scholarly research	е	Other	_					
c Preservation for future generations	_							
4 Provide a description of the organization's colle	ections and explair	n 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 treasu	ures, or other s	similar				ı
assets to be sold to raise funds rather than to		part of the organizatio	n's collection?			Ye	s	No
Part IV Escrow and Custodial Arra	•							
Complete if the organization a	answered "Yes'	on Form 990, Pa	art IV, line 9	, or reported a	an amoun	t on Form	1	
990, Part X, line 21.								
1a Is the organization an agent, trustee, custodiar		•						
included on Form 990, Part X?						Ye	s	No
<b>b</b> If "Yes," explain the arrangement in Part XIII a	na complete the it	bilowing table:				Amount		
e Reginning halance					1c	Amoun		
c Beginning balance								
d Additions during the year					1e			
Distributions during the year     Finding balance								
<ul><li>f Ending balance</li><li>2a Did the organization include an amount on For</li></ul>	m 990 Part X line	e 21 for escrow or cu	stodial account	t liahility?		Ye		No
<b>b</b> If "Yes," explain the arrangement in Part XIII. C								
Part V Endowment Funds.		,						
Complete if the organization a	answered "Yes"	on Form 990, Pa	art IV, line 1	0.				
	(a) Current year	(b) Prior year	(c) Two year		ree years back	(e) Fou	years b	ack
1a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the currer		e (line 1g, column (a))	held as:					
a Board designated or quasi-endowment u	%							
b Permanent endowment u %								
c Term endowment u %								
The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.							
3a Are there endowment funds not in the possess	sion of the organiza	ation that are held and	d administered	for the				
organization by:							Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the related organization	ions listed as requi	ired on Schedule R?				3b		
4 Describe in Part XIII the intended uses of the								
Part VI Land, Buildings, and Equip								
Complete if the organization a	answered "Yes"	<u>' on Form 990, Pa</u>	art IV, line 1	1a. See Form	990, Par	t X, line 1	0.	
Description of property	(a) Cost or other	1 ''		(c) Accumulate	d	(d) Book	value	
	(investment)	(oth	ner)	depreciation				
1a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment								
e Other			11,000	2	,226		8,7	
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Par	t X, column (B), line 1	0c.)	<u></u>	u		8,7	74

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year ma	arket value
I) Financial	derivatives			
2) Closely he	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
\	nn (b) must equal Form 990, Part X, col. (B) line 12.)	u		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	u		
	Other Assets.	· '	41d Coo Form 000 David	t V line 15
otal. (Colum	Other Assets. Complete if the organization answered "Yes"	· '	11d. See Form 990, Part	
otal. (Colum Part IX	Other Assets.	· '	11d. See Form 990, Part	t X, line 15. (b) Book value
otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes"	· '	11d. See Form 990, Part	
otal. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
otal. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"	·	11d. See Form 990, Part	
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a) Description	on Form 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line		
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV, line	u	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	on Form 990, Part IV, line	u	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	u	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, line	u	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (5otal. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X  (1) Federal (2) Payro (3) Payro (3) Payro	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) Payro (3) Payro (4) (5) (5) (6) (7) (7) (8) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) Payro (3) Payro (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) Payro (3) Payro (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value  90, Part X,  (b) Book value
otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal (2) Payro (3) Payro (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability  income taxes  oll Proection Program Loan	on Form 990, Part IV, line	u	(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Forn			
1	Total revenue, gains, and other support per audited financial statements $_{\hdots}$		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1		
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c 2d		
d	Other (Describe in Part XIII.)		2e	
е 3	Add lines 2a through 2d		3	
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia		nses per Return.	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII.)		20	
	Add lines 2a through 2d		2e	
3 ₄	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	1 4b 1		
	Other (Describe in Part XIII.)  Add lines 4a and 4b		4c	
С	Add lines 4a and 4b		4c 5	
с 5	Add lines An and Ah			
5 <b>P</b> a	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line	18.)	5	
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>rt XIII</b> Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
Provience:	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the second s	t V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the second s	t V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the second s	t V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the second s	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  14; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provided in the prov	t V, line 4; Part X, line ation.	
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line IT XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  14; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provided in the prov	t V, line 4; Part X, line ation.	
Provided in the control of the contr	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  14; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provided in the provided and additional information in the provided	t V, line 4; Part X, line ation.	
Provided in the control of the contr	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  14; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provided in the provided and additional information in the provided	t V, line 4; Part X, line ation.	
C 5 Pa Provii 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provide and additional information in the provided in	t V, line 4; Part X, line ation.	
C 5 Pa Provii 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provide and additional information in the provided in	t V, line 4; Part X, line ation.	
C 5 Pa Provii 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	18.)  4; Part IV, lines 1b and 2b; Part to provide any additional information in the provide and additional information in the provide and additional information in the provide and additional information in the provided in	t V, line 4; Part X, line ation.	

Specials D Form 990 2019 Lean Endemble Theater 47-2994571 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Fo	orm 990) 2019	Lean	Ensemble	Theater	47-2994571	Page <b>5</b>
	Part XIII	Supplementa	l Info	rmation (continu	ıed)		
		•••		,	,		
	•						

SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number Lean Ensemble Theater 47-2994571 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Will be reviewed by the Treasurer, Artistic and Executive Director and Board Chair prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of interest statement is signed and reviewed annually Form 990, Part VI, Line 15a - Compensation Process for Top Official All Compensation matters are approved by the Executive Comittee of the Board of Directors Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request

# Regular Meeting of the Board of Directors of Lean Ensemble Theater May 10, 2023

A meeting of the Board of Directors of Lean Ensemble Theater ("Lean"), a nonprofit corporation duly organized and existing under the laws of the State of South Carolina, was held by teleconference via Zoom.us and in person on May 10, 2023. President Myla Lerner called the meeting to order at 4:04 PM, with Charlie Russ, Cathy Nairne, Gloria Holmes, Katie Silver, Randie Wolfe, Myla Lerner, Lisa Snider, Tim Ridge, Jan McKelvey, Blake White, Cindy Thompson, and Joe Maguire in attendance, constituting a quorum of directors.

Also attending: Amanda Insull.

#### **ATAX Resolution**

A request was made for a motion to authorize the officers of the corporation to make application to the Town of Hilton Head Island, SC for a grant of \$50k from the revenues of the Accommodations Tax to be used for general operations for the 2023-24 season.

--Motion to approve by Tim, second by Charlie; all were in favor.

Therefore, be it resolved that the officers of Lean Ensemble Theater are hereby authorized to make such an application.

Respectfully Submitted:

Cathy Nairne, Acting Secretary

Lean Ensemble Theater, MITCHELVILLE, Budget vs. Actuals, March, 2023, Main Street Theatre

	BUDGET	ACTUAL
EQUITY	\$12000	\$12896
NON-EQUITY	\$8500	\$7700
DIRECTOR	\$4200	\$4233
STAGE MANAGER	\$4000	\$5714
SCENIC DESIGNER	\$1000	\$1000
LIGHTING DESIGNER	\$1000	\$750
COSTUME DESIGNER	\$1000	\$1000
SOUND DESIGNER	\$500	\$0
INTIMACY/FIGHT DIRECTORS	\$750	\$500
HOUSING	\$10500	\$14829
TRAVEL	\$5000	\$8795
ROYALTIES	\$8500*	\$8500*
RENT	\$6000	\$5800
MARKETING	\$5000	\$4500**
SCENIC/LIGHTING MATERIAL	\$1250	\$1891
COSTUMES/WIGS	\$2000	\$1520
PROPS	\$500	\$382
PROGRAM	\$750	\$1500**
PROJECTIONS	\$250	\$0
CAR RENTALS	\$3500	\$2677
INNER CIRCLE	\$500	\$273
MISC	\$1300	\$3090
TOTAL	\$78,000	\$87,550

<sup>\*</sup>paid in 4 installments over 4 fiscal years since March 2019.

<sup>\*\*</sup>estimations—awaiting final invoices

INTERNAL REVENUE SERVICE P. 0. BOX 2508 CINCINNATI, OH 45201

Date: NOV 20 2015

LEAN ENSEMBLE THEATER PO BOX 23214

HILTON HEAD, SC 29925-3214

Employer Identification Number: 47-2994571

DLN:

17053222339045

Contact Person:

ID# 31636

MR. DAVIS Contact Telephone Number: (877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

February 13, 2015

Contribution Deductibility:

Yes

Addendum Applies:

No

#### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c) (3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501 (c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for SOl(c)(3) Public h&Fities, which describes your recordkeeping, reporting, and disclosure t?eiremenes.

#### LEAN ENSEMBLE THEATER

Sincerely,

Jeffrey I.
Cooper
Director,
Exempt
Organizations

Rulings and Agreements