2025

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 2024 production of our first ever musical *Fun Home*. 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 fall of 2022. Even after a few years, it's still important to note how inflation, as well as rising housing and union costs have disrupted projected expenses, though these expenses are becoming more predictable than in the previous 2 years. Additionally, due to circumstances outside our control, we were informed that the only dates available for the production at the Main Street Theater would carry us over the Easter holiday, which significantly affected our ticket sales. Our first half of the run, we were at 90% capacity, but those numbers dropped percipitiously the following holiday weekend. This is specifically mentioned as as an illustration of the constant scheduling hoops we have to jump through for a proper performance space.

The information in the rest of the application is based on our general operating grant from the 2024 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.* This is just one reason 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, FY 21/22 and FY 22/23, as well as a letter of financial review by the same firm completed in September of 2017. We have worked to project an increase of only 0.5% in expenses in the coming year. Our paramount objective is to increase earned revenue while keeping expenses in check. This evolution 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.

2025

Accommodations Tax Funds Request Application

Date Received: 09/02/2024 Time Received: 10:31 AM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

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 2024-May 2025 Event Location: Hilton Head Prep Main Street

Theatre/HHSO SoundWaves

Total Budget: \$504,500.00 **Grant Requested:** \$55,000.00

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 production budgets including: a new adaptation of *A Christmas Carol*, 4 regional premieres, and an educational tour of *Hamlet*, offered free to local schools as well as adults with disabilities. Other expenses include 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. That said, 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

nı	ırc	ha	15	6
νu	11 C	יו וי	ıo	C.

- A. Total Number of Physical Tourists Served: 988
 - 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: 628

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: 2947

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): 4563

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

Lean's online ticketing software (Audience View/Ovation) provided zip code information for all ticket sales and at home viewing registration information. We have adjusted our budgetary goals for earned revenue in the coming season and are confident that our programming will achieve those goals.

These numbers represent a continued improvment year for Lean Ensemble Theater. Though we did not have a sold out juggernaut production like our 2022/23 production of *Mitchelville*, we still managed to increase our overall attendance by 2% and our tourism numbers by 5.4%. Though we are happy to see growth, we are fully intent in improving our attendance in the coming season. For 2024/25, we are expanding our marketing efforts, including utilizing the expertice of Mickey Goodman as a pro bono marketing consultant. We are also actively evolving and adjusting programming based on previous reaction to increase attendance in future seasons.

As of this writing, subscription sales, which began in May of 2024, are running 5% ahead of this time last season, even as regional theater subscription sales are dropping across the country.

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 United Scenic Artists 829. During its first

8 seasons, Lean has staged thirty five productions, ten with four performances and twenty five with eight. During the pandemic, we produced an online talkshow and 4 virtual performances. Lean's 2024/2025 season, which runs from October through May, will offer six live events. The season consists of 4 regional premieres, our brand new adaptation of Dickens' *A Christmas Carol* as well as a presention of *Hamlet* offered free of charge to local schools and adults with disabilities.

As an integral part of our mission, Lean has an educational focus. Lean will continues its program of school visits, workshops and class presentations with guest artists from around the country. These school visits happen in addition to the production of *Hamlet*.

The staff includes a full time Artistic/Executive director, an Administrative Coordinator, a part time Director of Community and Arts Engagement, a part-time resident stage manager, 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 a member of TCG.

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 community engagement 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.

Lean Ensemble Theater has had some success with our "at home" viewing option and will continue recording our productions for marketing purposes and just as importantly, to work towards inclusion for the entire theater going community. 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 would the organization change to account for partial funding? (100 words or less)

Prior to the beginning of our season, actors are all contracted 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.

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 immediatley following the pandemic was indeed just a blip. Our continued increase in attendance in the following 2 seasons 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" (Lean Ensemble Theater Vision Statement).

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)

Lean Ensemble Theater will be holding events at various organizations around the island. A donor event will be held at the Art League of HHI, our presentation of *Hamlet* and our January production, *Summer, 1976* will be held at HHSO's SoundWaves. In March, 2022, a matinee series was established with the Women's Association of Hilton Head Island (WAHHI), which has now been joined by the Liberal Ladies organization as well as Lifelong Learning.

Lean's Artistic/Executive Director will be serving on the board of the Hilton Head Symphony Orchestra and directing a production at the Arts Center of Coastal Carolina.

Lean will continue to collaborate with local public and private schools as well as other youth organizations. Ongoing workshops occur with organizations for adults with disabilities like Pockets Full of Sunshine, Soar and Pep. The company of *Hamlet* 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 Boys and Girls Club of Hilton Head are on the books 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 and Sea Glass Stage Company. 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 just 9 years, established itself in the Lowcountry Arts scene. Lean's reputation was solidified by the sold out run of our first ever commission, the world premiere of *Mitchelville* and the events that surrounded that production. That tradition will continue this coming Fall with our production of the regional premiere of *What the Constitution Means to Me* featuring a panel discussion with playwright and Pulitzer Prize nominee Heidi Schreck, just before the November election.

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 premiere to local stages in 2 years, making it Lean's third world premiere, in addition to our brand new adaptation of *A Christmas Carol*.

Lean Ensemble Theater exists to tell entertaining and thoughtful stories to a live audience. Once again this season, we have gathered a series of plays, all 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 mak the world in a different way.	ke you laugh and plays that will make you look at
C. FUNDIN	IG:	
1. P	lease describe how the organization is curre	ently funded. (100 words or less)
	We are funded through ticket sales (both s donations, business and corporate suppor	
2. P	lease also estimate, as a percentage, the so	ource of the organization's total annual funding.
_	Government Sources	Private Contributions, Donations 45 and Grants
_	2 Corporate Support, Sponsors	Membership, Dues, Subscriptions
_	Ticket Sales, or Sales 42 and Services	Other
or	as the organization requested other ATAX organizations? Yes <u>X</u> No	or any other funding from other public sources or
If	so, please list top 3 sources and amounts.	
	Beaufort County ATAX	\$3,000.00
D. FINANC	CIAL INFORMATION:	
Fiscal Y	ear Disclosure: Start Month: July 1 End	d Month: June 30
Financi	al Statement Requirements:	
1. TI	ne <u>upcoming fiscal year's</u> operating budget	t for the organization.
	Budget Provided: Yes	
	ne <u>previous two fiscal years</u> and <u>current year</u>	<u>ir-to-date</u> profit and loss reports for the

Page 7 of 11

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022/23 - Previous FY 1 2023/24- 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:

2023 FP - Previous FY 2

2023 FP - Previous FY 1

2022 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:

2020 - Previous FY 1

2022 - Previous FY 1

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:

If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

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
2024	\$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-- *Around the World in 80 Days, Fun Home* and *Proof.* Attendance throughout the season saw a return to normal, and instead of a single production creating increased attendance, we saw an across the board growth throughout the season. Ancillary events included talks with professors from the University of South Carolina Beaufort, as well as members and leaders from Lowcoutry Pride, Lifelong Learning and the National Alliance on Mental Illness. We are proud of what we accomplished, and see more clearly than ever the work that needs to be done. Subscriptions for 2024/25 are on a trajectory for a fourth straight year of growth. To ensure we meet our upcoming goals 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. And further, with the help of consultant and SCAD faculty member Mickey Goodman, we are working to overhaul our marketing strategy to make sure every dollar is being used wisely.

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." Lean Ensemble Theater is part of the cultural bedrock of the Lowcountry. For proof of this look to the fact that Lean is one of only three theater companies in the state of South Carolina to receive funding from the Shubert Foundation (2024 became the sixth year in a row to receive Shubert funding). 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. Our new streak, which we are equally proud of, is that we have seen increased attendance every season since 2021. The ATAX grant has been a vital component to the entirity of our impact on

the community. Our 2024/25 goals may be lofty, but they are attainable.

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, production forums, casual gatherings and an ever shifting marketing strategy), 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 2024 production of our first ever musical *Fun Home*. 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 fall of 2022. Even after a few years, it's still important to note how inflation, as well as rising housing and union costs have disrupted projected expenses, though these expenses are becoming more predictable than in the previous 2 years. Additionally, due to circumstances outside our control, we were informed that the only dates available for the production at the Main Street Theater would carry us over the Easter holiday, which significantly affected our ticket sales. Our first half of the run, we were at 90% capacity, but those numbers dropped percipitiously the following holiday weekend. This is specifically mentioned as as an illustration of the constant scheduling hoops we have to jump through for a proper performance space.

The information in the rest of the application is based on our general operating grant from the 2024 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.* This is just one reason 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, FY 21/22 and FY 22/23, as well as a letter of financial review by the same firm completed in September of 2017. We have worked to project an increase of only 0.5% in expenses in the coming year. Our paramount objective is to increase earned revenue while keeping expenses in check. This evolution 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: Founding Artistic & Executiive Director

Mailing Address: PO Box 23214, Hilton Head, SC 20026

Email Address: blake@leanensemble.org

Office Phone Number: 843-715-6676

Home Phone Number: 917-771-4038

Lean Ensemble Theater, FUN HOME

Budget, 2024, Main Street Theatre

	BUDGET	ACTUAL
EQUITY	\$11000	\$10383
NON-EQUITY	\$8500	\$7240
YOUTH NON EQUITY	\$800	\$0
DIRECTOR	\$4500	\$4257
MUSIC DIRECTOR	\$3000	\$3600
REHEARSAL PIANIST	\$1000	\$0
STAGE MANAGEMENT	\$6000	\$3950
SCENIC DESIGNER	\$1000	\$1000
LIGHTING DESIGNER	\$1000	\$1000
COSTUME DESIGNER	\$750	\$1000
SOUND DESIGNER	\$750	\$750
PROJECTIONS	\$1000	\$1000
HOUSING	\$12000	\$18520
TRAVEL	\$5000	\$4450
ROYALTIES	\$5000	\$5533*
RENT	\$7250	\$8500
MARKETING	\$5000	\$5526
SCENIC/LIGHTING MATERIAL	\$1750	\$4695**
COSTUMES/WIGS	\$1000	\$1000
PROPS	\$200	\$557
PROGRAM	\$750	\$1980
INNER CIRCLE	\$500	\$56
MISC	\$1200	\$1000
TOTAL	\$77,950	\$85997

^{*} includes rentals of music scores.

^{**} a considerable amount of equipment was purchased that will be reused in future productions.

LEAN ENSEMBLE THEATER A SOUTH CAROLINA NON-PROFIT CORPORATION

RESOLUTION

At a meeting of the Board of Directors of Lean Ensemble Theater held on Wednesday, May 15, 2024, a motion was passed to authorize the officers of the corporation to make application to the Town of Hilton Head Island, South Carolina, for a grant of \$55,000.00 from the revenues of the Accommodations Tax, to be used for general operations.

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

Respectfully Submitted this 28th day of May 2024.

Kathryn Silver, Secretary

Ratty Liber

LEAN ENSEMBLE THEATER FY 2024/25 BUDGET

OVERALL REVENUE \$504,500

PRODUCTION REVENUE

TOTAL \$195,000

CONTRIBUTIONS

INDIVIDUAL GIVING \$180,000

BUSINESS EARNING

AD SALES \$7,500
CORPORATE SPONSORSHIP \$7,000
INTEREST \$8,500
SUBTOTAL \$23,000

GRANTS

HHI ATAX \$55,000 **GAYLORD DONNELLY** \$10,000 **SHUBERT** \$20,000 **CFLC** \$5,000 **SC ARTS** \$8,500 **BEAUFORT CO ATAX** \$4,000 **BARGAIN BOX** \$4,000 **SUBTOTAL** \$106,500

OVERALL EXPENSES \$499,000

SALARIES

ARTISTIC/EXECUTIVE DIRECTOR	\$65,250
ADMINISTRATIVE COORDINATOR	\$33,000
COMMUNITY ENGAGEMENT DIR	\$13,500
TECHNICAL DIRECTOR	\$11,000
PAYROLL TAXES	\$25,000

SUBTOTAL \$145,250

GENERAL EXPENSES

QUICKBOOKS	\$2,000
TELECOMM	\$3,000
SQUARESPACE/WEBSITE	\$250
GOOGLE APPS	\$1,050
INSURANCE	\$1,400
POSTAGE	\$400
MERCHANT FEES	\$7,500
DONOR GIFTS	\$750
MEMBERSHIPS	\$1,000
OFFICE EXPENSES	\$5,000
ACCOUNTING FEES	\$5,000
PROFESSIONAL DEVELOPMENT	\$4,000
AUDIENCE VIEW	\$7,500
RENT	\$13,750
MISCELLANEOUS	\$900
SUBTOTAL	<u>\$53,500</u>

ARTISTIC EXPENSES

EQUITY	\$47 <i>,</i> 500
NON-EQUITY	\$11,100
DIRECTOR	\$11,300
STAGE MANAGER	\$12,000
SCENIC DESIGNER	\$4,750
LIGHTING DESIGNER	\$5,000
COSTUME DESIGNER	\$4,500
SOUND DESIGNER	\$3,500
PROJECTIONIST	\$0
MUSIC DIRECTOR	\$2500
SUBTOTAL	<u>\$102,150</u>

PRODUCTION EXPENSES

HOUSING	\$34,000
TRAVEL	\$17,000
ROYALTIES	\$13,500
RENT	\$42,500
PROGRAM	\$10,000
MATERIALS	\$13,400
FILMING	\$3,750
INNER CIRCLE	\$2,500
MARKETING	\$27,500
CAR RENTALS	\$3,500
MISCELLANEOUS	\$3,950
SUBTOTAL	\$ <u>171,600</u>

EDUCATION

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

MARKETING

GENERAL MARKETING \$10,000
WEBSITE/SUP \$6,000
MISCELLANEOUS \$1,500
SUBTOTAL \$17,500

Statement of Financial Position

As of August 24, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	44,982.04
Fidelity Money Market	79,874.96
Total Bank Accounts	\$124,857.00
Other Current Assets	
Prepaid Expenses	5,087.98
Total Other Current Assets	\$5,087.98
Total Current Assets	\$129,944.98
Fixed Assets	
Accumulated Depreciation	-7,254.31
Computer Equipment	941.57
Furniture and Equipment	11,000.00
Total Fixed Assets	\$4,687.26
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	152,224.83
Total Other Assets	\$155,427.33
TOTAL ASSETS	\$290,059.57
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	0.00
Direct Deposit Payable	0.00
Federal Withholding	2,167.24
Futa Tax Payable	0.00
Prepaid Ad Sales	0.00
Prepaid Flex Passes	10,196.00
Prepaid General Tickets	355.00
Prepaid Subscriptions	33,080.00
SBA/PPP Loan	0.00
State Withholding	397.28
Suta Tax Payable	0.00
Total Other Current Liabilities	\$46,195.52
Total Current Liabilities	\$46,195.52
Total Liabilities	\$46,195.52

Statement of Financial Position As of August 24, 2024

	TOTAL
Equity	
Unrestricted Net Assets	243,589.90
Net Revenue	274.15
Total Equity	\$243,864.05
TOTAL LIABILITIES AND EQUITY	\$290,059.57

Statement of Financial Position

Current Assets 40.482.41 BBAK T Checking, 0005224648296 40.482.41 Fidelity Money Market 79.592.50 Total Bank Accounts \$120,014.91 Other Current Assets 7.290.20 Prepaid Expenses 3,887.98 Total Other Current Assets \$123,902.89 Fixed Assets \$123,902.89 Fixed Assets \$123,902.89 Fixed Assets \$123,902.89 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Chef Assets \$4,897.26 Other Assets \$120,202.80 Uses Deposit \$2,022.50 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LABLITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Opensit Liabilities 0.00 Prepaid Sales 0.00 Prepaid Assets 6,492.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00		TOTAL
Bank Accounts 40.482.41 BBS T Checking, 0005224648296 40.482.41 Fidelity Mony Market 79.532.50 Total Bank Accounts \$120.014.91 Other Current Assets 3.887.98 Total Other Current Assets \$3,887.98 Total Current Assets \$123,902.89 Fixed Assets \$123,902.89 Accumulated Depreciation 7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Other Assets \$4,687.26 Cother Assets \$4,687.26 Lease Deposit 3,202.50 Operating Reserve 164,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Offerc Orgosit Payable 0.00 Offerct Deposit Payable 0.00 Federal Withholding 1.993.6 Fut Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00	ASSETS	
BB8T Checking, 0005224648296 40,482.41 Fidelity Money Market 79,532.50 Total Bark Accounts \$120,014.91 Other Current Assets 3,887.98 Total Other Current Assets \$3,887.98 Total Current Assets \$123,902.89 Fixed Assets Vaccumulated Depreciation 7,254.31 Computer Equipment 941.57 Furniture and Equipment 941.57 Furniture and Equipment 3,202.50 Other Assets 3,202.50 Cher Assets 46,802.49 Total Other Assets \$150,127.99 TOTAL Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY \$200.00 Liabilities 0.00 Other Current Liabilities 0.00 Oirect Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid Subscript	Current Assets	
Fidelity Money Market 79,532.50 Total Bank Accounts \$120,014.91 Other Current Assets 3,887.98 Prepaid Expenses 3,887.98 Total Other Current Assets \$123,902.89 Fixed Assets \$123,902.89 Fixed Assets \$120,002.89 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$1,687.26 Other Assets \$2,02.50 Operating Reserve 14,925.49 Total Other Assets \$150,127.99 Total Other Assets \$150,127.99 Total ASSETS \$278,718.14 LLABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1.993.36 Fut Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 </td <td>Bank Accounts</td> <td></td>	Bank Accounts	
Total Bank Accounts \$120,014.91 Other Current Assets 3,887.98 Prepaid Expenses 3,887.98 Total Other Current Assets \$3,887.98 Total Current Assets \$123,902.89 Fixed Assets \$123,902.89 Accumulated Depreciation 7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets \$4,687.26 Other Assets \$150,127.90 Operating Reserve 146,925.49 Total Other Assets \$150,127.90 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Liabilities 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Stat Tax Payable 0.00 <td>BB&T Checking, 0005224648296</td> <td>40,482.41</td>	BB&T Checking, 0005224648296	40,482.41
Other Current Assets 3,887.88 Total Cher Current Assets \$123,902.89 Fixed Assets \$123,902.89 Accumulated Depreciation 7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets \$4,687.26 Lease Deposit 3,202.50 Operating Reserve 16,692.54 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY \$1,000.00 Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 Stat Tax Payable 0.00 Stat Tax Payable 0.00 Stat Tax Payable 0.00 Total O	Fidelity Money Market	79,532.50
Prepaid Expenses 3,887.98 Total Other Current Assets \$3,887.98 Total Current Assets \$123,902.89 Fixed Assets -7,254.31 Accumulated Depreciation -7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets \$4,687.26 Lease Deposit 3,202.50 Operating Reserve 146,692.54 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY \$20,000 Liabilities 0.00 Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,933.66 Futa Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid Flex Passes 6,492.00 SBA/PPL Loan 0.00 Stat Tax Payable 0.00 Total Other Current Llabilities 35,128.24	Total Bank Accounts	\$120,014.91
Total Other Current Assets \$123,902.89 Total Current Assets \$123,902.89 Fixed Assets -7,254.31 Accumulated Depreciation -7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets \$3,20.50 Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Other Current Liabilities 0.00 Oirect Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 Stat Tax Payable 0.00 Total Other Current Liabilities 35,128.24	Other Current Assets	
Total Current Assets \$123,902.89 Fixed Assets Accumulated Depreciation -7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets 3,202.50 Lease Deposit 3,202.50 Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Oirect Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 30,288 State Withholding 0.00 Prepaid Subscriptions 26,280.00 State Withholding 0.00 State Withholding <t< td=""><td>Prepaid Expenses</td><td>3,887.98</td></t<>	Prepaid Expenses	3,887.98
Fixed Assets -7,254.31 Accumulated Depreciation -7,254.31 Computer Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets 3,202.50 Departing Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Payable 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Fut a Tax Payable 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 SMA/PP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities 355,128.24	Total Other Current Assets	\$3,887.98
Accumulated Depreciation -7,254.31 Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets	Total Current Assets	\$123,902.89
Computer Equipment 941.57 Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets 3,202.50 Operating Reserve 145,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Fut Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362,88 Sut Tax Payable 0.00 Total Other Current Liabilities 355,128.24	Fixed Assets	
Furniture and Equipment 11,000.00 Total Fixed Assets \$4,687.26 Other Assets 3,202.50 Operating Reserve 146.925.40 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities 0.00 Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futh Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid General Tickets 0.00 Prepaid General Tickets 0.00 SBA/PP Loan 0.00 SBA/PP Loan 0.00 SBA/PP Loan 0.00 SBA/PP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.44	Accumulated Depreciation	-7,254.31
Total Fixed Assets \$4,687.26 Other Assets 3,202.50 Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY **** Liabilities **** Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24	Computer Equipment	941.57
Other Assets 3,202.50 Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY ************************************	Furniture and Equipment	11,000.00
Lease Deposit 3,202.50 Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY ************************************	Total Fixed Assets	\$4,687.26
Operating Reserve 146,925.49 Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities Other Current Liabilities Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24	Other Assets	
Total Other Assets \$150,127.99 TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Lease Deposit	3,202.50
TOTAL ASSETS \$278,718.14 LIABILITIES AND EQUITY Liabilities Current Liabilities Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Operating Reserve	146,925.49
LIABILITIES AND EQUITY Liabilities Current Liabilities Other Current Liabilities Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Total Other Assets	\$150,127.99
Liabilities Current Liabilities Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24	TOTAL ASSETS	\$278,718.14
Current Liabilities Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24	LIABILITIES AND EQUITY	
Other Current Liabilities 0.00 Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Liabilities	
Direct Deposit Liabilities 0.00 Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24	Current Liabilities	
Direct Deposit Payable 0.00 Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Other Current Liabilities	
Federal Withholding 1,993.36 Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Direct Deposit Liabilities	0.00
Futa Tax Payable 0.00 Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Direct Deposit Payable	0.00
Prepaid Ad Sales 0.00 Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Federal Withholding	1,993.36
Prepaid Flex Passes 6,492.00 Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Futa Tax Payable	0.00
Prepaid General Tickets 0.00 Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Prepaid Ad Sales	0.00
Prepaid Subscriptions 26,280.00 SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Prepaid Flex Passes	6,492.00
SBA/PPP Loan 0.00 State Withholding 362.88 Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	Prepaid General Tickets	0.00
State Withholding362.88Suta Tax Payable0.00Total Other Current Liabilities\$35,128.24Total Current Liabilities\$35,128.24	Prepaid Subscriptions	26,280.00
Suta Tax Payable 0.00 Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	SBA/PPP Loan	0.00
Total Other Current Liabilities \$35,128.24 Total Current Liabilities \$35,128.24	State Withholding	362.88
Total Current Liabilities \$35,128.24		0.00
<u> </u>	Total Other Current Liabilities	\$35,128.24
Total Liabilities \$35,128.24	Total Current Liabilities	\$35,128.24
	Total Liabilities	\$35,128.24

Statement of Financial Position

	TOTAL
Equity	
Unrestricted Net Assets	254,012.37
Net Revenue	-10,422.47
Total Equity	\$243,589.90
TOTAL LIABILITIES AND EQUITY	\$278,718.14

Statement of Financial Position

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	183,222.52
Total Bank Accounts	\$183,222.52
Other Current Assets	
Prepaid Expenses	110.18
Total Other Current Assets	\$110.18
Total Current Assets	\$183,332.70
Fixed Assets	
Accumulated Depreciation	-7,254.31
Computer Equipment	941.57
Furniture and Equipment	11,000.00
Total Fixed Assets	\$4,687.26
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	100,695.94
Total Other Assets	\$103,898.44
TOTAL ASSETS	\$291,918.40
LIABILITIES 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	250,454.78
Net Revenue	3,557.59
Total Equity	\$254,012.37
TOTAL LIABILITIES AND EQUITY	\$291,918.40

Statement of Financial Position

	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
TOTAL LIABILITIES AND EQUITY	\$302,695.96

Statement of Activity

July 1 - August 24, 2024

	TOTAL
Revenue	
DONATIONS	
Individual*	
Individual	32,651.74
Total Individual*	32,651.74
Total DONATIONS	32,651.74
Total Revenue	\$32,651.74
GROSS PROFIT	\$32,651.74
Expenditures	
DEVELOPMENT	
Meals and Entertainment	802.58
Total DEVELOPMENT	802.58
GENERAL AND ADMINISTRATIVE EXPENSES	
Accounting Fees	3,750.00
Dues & Subscriptions	190.00
Office Expense & Supplies	442.81
Professional Development	499.40
Quickbooks	381.15
Rent	1,143.29
Telephone, Telecommunications	1,128.19
Wages	
Cost of Labor	19,692.32
Fica Tax	1,506.47
Total Wages	21,198.79
Total GENERAL AND ADMINISTRATIVE EXPENSES	28,733.63
MARKETING EXPENSE	
PR	750.00
Website	469.64
Total MARKETING EXPENSE	1,219.64
PRODUCTION EXPENSES	
Equip Rental and Maintenance	530.29
Payroll Expenditure*	
Director Benefits	225.00
Total Payroll Expenditure*	225.00
Printing and Copying	62.00
Rent	1,143.29
Travel & Per Diem	149.80
Total PRODUCTION EXPENSES	2,110.38
Tax	-36.17

Statement of Activity

July 1 - August 24, 2024

	TOTAL
	TOTAL
TICKETING	
Fees	1,127.15
Merchant Fees	705.51
Total TICKETING	1,832.66
Total Expenditures	\$34,662.72
NET OPERATING REVENUE	\$ -2,010.98
Other Revenue	
Interest Earned	2,285.13
Total Other Revenue	\$2,285.13
NET OTHER REVENUE	\$2,285.13
NET REVENUE	\$274.15

Statement of Activity

July 2023 - June 2024

	TOTAL
Revenue	
DONATIONS	
Corporate Contributions	252.00
Government	
Beaufort County ATAX	3,000.00
HHI ATAX	50,000.00
Total Government	53,000.00
Grants and Foundations	
Bargain Box	3,500.00
Donnelley Foundation	10,000.00
Shubert	20,000.00
Total Grants and Foundations	33,500.00
Individual*	
Individual	185,750.00
Total Individual*	185,750.00
Total DONATIONS	272,502.00
EDUCATION	
Fundraiser	1,500.00
Total EDUCATION	1,500.00
FEBRUARY EVENT FUNDRAISER	30,914.91
MARKETING	
Advertising Sales	5,020.00
Total MARKETING	5,020.00
PRODUCTION INCOME	
Flex Passes	16,368.00
General Ticket Sales	122,613.75
Series Subscriptions	37,270.00
Total PRODUCTION INCOME	176,251.75
Total Revenue	\$486,188.66
GROSS PROFIT	\$486,188.66
Expenditures	
DEVELOPMENT	
Gifts	245.69
Meals and Entertainment	1,551.26
Season Events	650.00
Total DEVELOPMENT	2,446.95

Statement of Activity

July 2023 - June 2024

TOTAL
6,875.00
2,125.00
2,125.00
3,750.00
5,016.00
1,900.29
1,173.00
276.00
8.19
5,406.08
512.33
3,633.26
1,758.89
12,273.03
3,766.52
114,197.65
8,736.11
122,933.76
158,657.35
1,990.00
1,990.00
31,866.61
7,906.67
4,969.64
46,732.92
,.
3,387.08
2,620.68
5,234.20
47,736.78
71,130.10
423.71

Statement of Activity

July 2023 - June 2024

	TOTAL
Payroll Expenditure*	
Actors	54,584.20
Costume Designer	4,750.00
Director	12,100.00
Director Benefits	2,260.00
Lighting Designer	5,000.00
Projectionist/Music Director/Rehearsal Pianist	4,600.00
Scenery Designer	3,210.00
Sound Designer	3,500.00
Stage Manager	11,750.00
Total Payroll Expenditure*	101,754.20
Printing and Copying	2,269.04
Rent	41,600.00
Royalties	15,959.72
Scenic/Lighting Materials	9,100.83
Sound/Lighting Material	2,541.71
Travel & Per Diem	28,452.61
Total PRODUCTION EXPENSES	264,305.56
TICKETING	
Fees	10,459.25
Merchant Fees	9,454.65
Total TICKETING	19,913.90
Total Expenditures	\$504,806.68
NET OPERATING REVENUE	\$ -18,618.02
Other Revenue	
Interest Earned	8,195.55
Total Other Revenue	\$8,195.55
NET OTHER REVENUE	\$8,195.55
NET REVENUE	\$ -10,422.47

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
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
Travel & Per Diem	34,387.41
Total PRODUCTION EXPENSES	227,585.05
IOIAIT HODOUTION EAT LINGEO	221,303.03

	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

990 Form

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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23C Name of organization D Employer identification number Check if applicable: Address change Lean Ensemble Theater Doing business as 47-2994571 Name change Number and street (or P.O. box if mail is not delivered to street address) 843-715-6676 Initial return 32 Office Park Road, Suite 102 Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29928 454,382 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Blake White 32 Office Park Road, Suite 102 H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29928 501(c)(3) 501(c) () (insert no.) Tax-exempt status: www.leanensemble.org Website: H(c) Group exemption number Year of formation: 2015 X Corporation Trust Association Form of organization: M State of legal domicile: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: Lean Ensemble Theater embraces theater's vibrant relevance through diverse, Governance ensemble based programming which compels thought, sparks emotion and inspires dialogue. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 3 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 389,335 268,028 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 93,173 186,354 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 454,382 482,508 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 **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) 0 161,476 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 185,271 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) 237,996 260,562 399,472 445,833 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,036 8,549 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 % 296,909 290,204 20 Total assets (Part X, line 16) 34,148 37,906 21 Total liabilities (Part X, line 26) 259,003 22 Net assets or fund balances. Subtract line 21 from line 20 256,056 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 Blake White Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 **Preparer** Carey & Company P.A. 57-0927046 Firm's EIN Firm's name

May the IRS discuss this return with the preparer shown above? See instructions

70 Main Street, Suite 100 Hilton Head Island, SC

843-681-4430

Use Only

Pai	rt III Statement of Program Service Check if Schedule O contains a	ce Accomplishments a response or note to any line in	this Part III	X
L _e	Briefly describe the organization's mission: ean Ensemble Theater emb nsemble based programmin	oraces theater's vib	orant relevance throught, sparks emoti	ough diverse, on and
	If "Yes," describe these new services on Schedu	ile O.		Yes X No
	Did the organization cease conducting, or make services? If "Yes," describe these changes on Schedule O		,, ,	Yes X No
	Describe the organization's program service acc expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each	nizations are required to report the amou		
Lo fo ao	ean Ensemble Theater is ounded in 2015. In the ddition, the Theater profit the season.	2022/2023 season thovided educational p	orming arts based e Theater produced crograms throughout	company 5 plays. In the course
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	/A			
	Other program services (Describe on Schedule (Expenses \$ includ	ling grants of \$) (Revenue \$)
	Total program service expenses	394.443		

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			
	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) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,"		3,7	
	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	441		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Δ.	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		Х
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		Х
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			
4.5	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	4.0		v
40	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?	40		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ.
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	and the second s			

P	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 individua	ls 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 compensate	ed					
	employees? If "Ves." complete Schedule I	-			23		Х
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 line		b				
	through 2/ld and complete Schedule K. If "No." go to line 253				24a		Х
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						
·	to defeace any tax exempt hands?	<i>y</i> • • • •			24c		
d					24d		
25a							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prio	or				
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99						
	If IVaa I gamalata Cabadula I Part I				25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ourro					
	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, truste	e kev	 V				
	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 "Ves." complete Schedule I. Part III				27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Sched				····		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	adio L	-,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? If					
а	"Ven " complete Schodule I. Port IV				28a		х
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 line 28a or 28b? <i>I</i>				200		22
C	"Von " complete Schodule I. Port IV				28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul					+	X
29					23	+	A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	u			30		х
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule					+	X
31		ile IV, I	Pai	· · · · · · · · · · · · · · · · · · ·	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 Regu				22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part				24		х
25-	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		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab				20		х
	related organization? If "Yes," complete Schedule R, Part V, line 2				36	-	Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ						v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, F</i>				37	-	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1	i ib an	na				
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	<u> </u>
Ρ.	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>
		ا ر	-) E		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		25 O			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		J			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				4.		v

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		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 A	ccour	its (FBAR).			
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	tion?		5b		X
С	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	Э				37
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		01-		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		70		
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		
C	required to file Form 02022	3		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:					
a		11a		-		
a	Gross income from other sources. (Do not net amounts due or paid to other sources	445				
120	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	11b	<u> </u>	120		
12a h		104 i		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-		
а	le the experiencies licenced to icour gualified health plane 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 appropriation receive any necessary for indeed to prove a miles devices the tay years?			14a		X
b						
15						
	excess parachute payment(s) during the year?					X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities.					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) 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 12 **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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on 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 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 on 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 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 on 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? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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

32 Office Park Road, Suite 102

SC 29928

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, box 6 of 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.

- 1			
- 1	Check this box if neither the organization nor ar	w related organization compensated	any current officer director or tructee
- 1	CHECK THIS DOX IT HEITHEL THE OLYAPIIZATION HOL AL	iy related organization compensated	any current dilicer, director, or trustee.

(A) Name and title	(B) Average hours per week	box		Posi check	ition more		(D) Reportable	(E) Reportable	(F) Estimated amount
	(list any			and a director/trustee)		or/trustee)	compensation from the organization (W-2/	compensation from related organizations (W-2/	of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Former Highest compensated employee	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Myla Lerner									
	4.00								
President	0.00	X		X			0	0	0
(2) Cathy Nairne	0.00								
	2.00			х				0	0
Secretary (3) Lisa Snider	0.00	X		A			0	0	0
(3) LISA SHIGER	2.00								
Treasurer	0.00	x		x			0	0	0
(4) Joe Maguire	0.00	122		71				•	
(1,000 11494110	2.00								
Member	0.00	X		х			0	0	0
(5) Randie Wolfe									
	2.00								
Member	0.00	X					0	0	0
(6) Tim Ridge									
	2.00								
Member	0.00	X					0	0	0
(7) Charles Russ									
	2.00								
Member	0.00	X					0	0	0
(8) Gloria Holmes	2.00								
Member	0.00	x					0	0	0
(9) Janice McKelvey	0.00							•	
(0) 0 4111100 1101101 1 0 3	2.00								
Member	0.00	X					0	0	0
(10) Cindy Thompson									
	2.00								
Member	0.00	X					0	0	0
(11) Katie McKee Silv									
· ·			1						
Member	2.00	x					0	0	0

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	I Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle ficer a	Pos check ess pe	rson i	than of s both or/trust employe	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	org	(F) imated ar of other ompensat from the	r tion e ı and	
		related organizations below dotted line)	al trustee tor	mal trustee		ployee	Highest compensated employee		1099-NEC)	1099-NEC)	relate	ed organi	izauoris	5
(12) Blake White	40.00												
Exe	cutive Director	40.00	x		x				62,000	0				0
1b	Subtotal								62,000					
d C	Total from continuation sheet Total (add lines 1b and 1c)								62,000					
2	Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	bov		\$100,000 of				
3	Did the organization list any fo	-		r tru	ıstee	kev	/ em	nlov	ee or highest compensated	1			Yes	No
4	employee on line 1a? <i>If "Yes,"</i> For any individual listed on line	complete Sched	dule	J for	r suc	h ind	dividu	ial .				3		Х
•	organization and related organindividual	nizations greater	thar	າ \$1ຢ	50,00	00? /	f "Ye	s," (complete Schedule J for su	ch		4		х
5	Did any person listed on line 1 for services rendered to the or	1a receive or acc	crue	com	pens	satio	า fror	m ar	ny unrelated organization or			5		х
Sect	ion B. Independent Contracto	ors												
1	Complete this table for your five compensation from the organization	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.			
	Name and	(A) business address						_	Descript	(B) ion of services		Com	(C) pensation	on
2	Total number of independent or received more than \$100,000	contractors (inclu of compensation	iding n froi	but n the	not e org	limite ganiz	ed to ation	tho:	se listed above) who	0				

Pa	rt V			f Revenue edule O conta	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
ts ts	1a	Federated camp	naigns		1a						
iran	b	Membership due	es		1b						
s, G	С	Fundraising eve	nts		1c						
sifts ar /	d	Related organiz	ations		1d						
s, G		Government grants (or			1e		53,950				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no		ants,	1f		214,078				
trib	g	Noncash contributions			1g	¢.					
Son	h	lines 1a-1f Total. Add lines						268,028			
<u></u>	- "	Total. Add lines	ia ii	'			Business Code	200,020			
	2a	General ti	cke+	92109			Dusiness Code	179,714	179,714		
vice	b							4,900	4,900		
Se	c							1,740	1,740		
Program Service Revenue	d										
P. G.	e										
Ą.	f	All other prograr		rice revenue							
		Total. Add lines						186,354			
	3	Investment incor						,			
		other similar am		-							
	4	Income from inv	estme	nt of tax-exemp	t bond	proceeds					
	5	Royalties									
		•		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom		loss)							
	7a	Gross amount from		(i) Securities			Other				
		sales of assets other than inventory	7a								
e	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Rev	С	Gain or (loss)	7c								
er	d	Net gain or (loss	s)								
Other		Gross income from									
		(not including \$									
		of contributions rep	orted c	on line							
		1c). See Part IV, lir	ne 18		8a						
	b	Less: direct exp	enses		8b						
	С	Net income or (I	loss) fi	rom fundraising	events						
	9a	Gross income fr	om ga	aming							
		activities. See P	art IV,	line 19	9a						
	b	Less: direct exp	enses		9b						
	С	Net income or (I	loss) fi	rom gaming acti	vities						
	10a	Gross sales of i	nvento	ory, less							
		returns and allow			10a						
	b	Less: cost of go	ods so	old	10b						
	С	Net income or (I	oss) fr	rom sales of inve	entory .						
<u>s</u>							Business Code				
Miscellaneous Revenue	11a										
lan	b										
Sev Sev	С										
Mis		All other revenue									
		Total. Add lines									
	12	Total revenue.	See ir	nstructions				454,382	186,354	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	·		plete column (A).	
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	·	62,000	46,500	15,500	
6	trustees, and key employees	02,000	40,300	13,300	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	115 504	106 007	0 507	
7	Other salaries and wages	115,594	106,007	9,587	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,677	5,758	1,919	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,722		4,722	
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				
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	43,846	43,846		
13	Office expenses	7,940	5,955	1,985	
14	Information technology	,	,	,	
15	Royalties	7,886	7,886		
16	Occupancy	38,610	25,800	12,810	
17	Occupancy	33,862	33,862		
	Travel Payments of travel or entertainment expenses	337002	33,002		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Internal				
21 22	Payments to affiliates Depreciation, depletion, and amortization	1,760	1,572	188	
	lana manana	740	555	185	
23	Insurance	740	333	100	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	41 057	41 057		
a	Housing	41,057	41,057		
b	Scenary/Lighting	21,372	21,372		
С	Merchant fees	15,699	15,699		
d	Other Expense	6,954	6,342	612	
е	All other expenses	36,114	32,232	3,882	
25	Total functional expenses. Add lines 1 through 24e	445,833	394,443	51,390	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 if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					_
		Check if Schedule O contains a response of	r note to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
					246,618	1	283,918
	2	Savings and temporary cash investments			02 001	2	
	3	Pledges and grants receivable, net			23,001	3	
						4	
	5	Loans and other receivables from any current or	•	· ·			
		trustee, key employee, creator or founder, substa		or 35%		_	
	_	controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
ets		under section 4958(f)(1)), and persons described				6	
S		Notes and loans receivable, net				7	
1					10.024	8	F 100
					10,934	9	5,100
1	I0a	Land, buildings, and equipment: cost or other		11 040			
		basis. Complete Part VI of Schedule D		11,942	C 440		4 600
		Less: accumulated depreciation	10b	7,254	6,448		4,688
1						11	
	12	Investments—other securities. See Part IV, line 1			12		
1		Investments—program-related. See Part IV, line	11			13	
		Intangible assets			2 000	14	2 222
					3,203	15	3,203
-		Total assets. Add lines 1 through 15 (must equal			290,204	16	296,909
		Accounts payable and accrued expenses				17	
		Grants payable			18		
	19	Deferred revenue		19			
		Tax-exempt bond liabilities		20			
		Escrow or custodial account liability. Complete Pa			21		
se 2	22	Loans and other payables to any current or forme					
Ħ l		trustee, key employee, creator or founder, substa		or 35%			
Liabilities		controlled entity or family member of any of these				22	
4		Secured mortgages and notes payable to unrelate				23	
		Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	,		24 140		27 006
		of Schedule D			34,148		37,90 <u>6</u> 37,906
- 12	26	Total liabilities. Add lines 17 through 25			34,148	26	37,906
က္က		Organizations that follow FASB ASC 958, check	k nere 🔼				
nce	7	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			256,056	27	259,003
ala					230,030	28	239,003
8 2	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95	S chook horo			20	
<u>.</u>			o, check here	_			
or F	20	and complete lines 29 through 33.		1		20	
\$ \$		Capital stock or trust principal, or current funds				29	
SSE	30 24	Paid-in or capital surplus, or land, building, or equ				30	
	31 22	Retained earnings, endowment, accumulated inco Total net assets or fund balances			256,056		259,003
8 3					290,204		296,909
	33	Total liabilities and net assets/fund balances	230,204	33	Z 30, 303		

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	L
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>454,</u>	382
2	Total expenses (must equal Part IX, column (A), line 25)	2			833
3	Revenue less expenses. Subtract line 2 from line 1	3			549
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>256,</u>	056
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		-5,	602
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		<u>259,</u>	003
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>	<u>. LL</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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	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?		21	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?		20	: 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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	1	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		31	<u>, </u>	

Form **990** (2022)

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.

Attach to Form 990 or Form 990-EZ.

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

2022

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

Total

Page 2

Pa	art II Support Schedule for O	rganizations I	Described in S	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(vi))
	(Complete only if you ched							under
	Part III. If the organization	fails to qualify	under the test	s listed below,	please complet	e Part III.)	
	tion A. Public Support	T	ı	1		1		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(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	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support		1			T		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
7 8	Amounts from line 4 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.	,					12	
13	First 5 years. If the Form 990 is for the o	•			`	, , ,		_
	organization, check this box and stop her	e					<u></u>	
Sec	tion C. Computation of Public S							
14	Public support percentage for 2022 (line 6			nn (f))			14	%
15	Public support percentage from 2021 Scho						15	%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more,	check this		
	box and stop here . The organization qual							
b	33 1/3% support test—2021. If the organ				15 is 33 1/3% or m	ore, check		
	this box and stop here . The organization							
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization mee Part VI how the organization meets the fa organization	ts the facts-and-ci	rcumstances test, nces test. The orga	check this box and anization qualifies	d stop here. Explai as a publicly supp	n in		Г
b	10%-facts-and-circumstances test—202					id line		
~	15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the facts-a facts-and-circums	and-circumstances tances test. The o	test, check this borganization qualified	ox and stop here. es as a publicly su	Explain oported		_
18	organization Private foundation. If the organization did	d not check a boy	on line 13 16a 16	 Sh 17a or 17h ch	eck this hov and se			

instructions _____

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	quantity united in		, p		7	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	184,825	225,299	153,670	389,335	268,028	1,221,157
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	138,987	88,437	6,977	93,173	186,354	513,928
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	323,812	313,736	160,647	482,508	454,382	1,735,085
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	21,700	39,423		16,500	53,175	130,798
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	21,700	39,423		16,500	53,175	130,798
8	Public support. (Subtract line 7c from line 6.)						1,604,287
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	323,812	313,736	160,647	482,508	454,382	1,735,085
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	Total support. (Add lines 9, 10c, 11, and 12)	323,812	212 726	160,647	402 500	454 202	1 725 005
14	and 12.) First 5 years. If the Form 990 is for the o		313,736		482,508 s a section 501(c)	454,382	1,735,085
•	organization, check this box and stop her				` '		
Sec	tion C. Computation of Public So						
15	Public support percentage for 2022 (line 8	s, column (f), divided	d by line 13, colum	nn (f))		15	92.46 %
16	Public support percentage from 2021 Scho						94.91 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2022 (I	line 10c, column (f),	divided by line 13	s, column (f))		17	%
18	Investment income percentage from 2021		line 47			40	%
19a	33 1/3% support tests—2022. If the orga 17 is not more than 33 1/3%, check this b		eck the box on line	14, and line 15 is	more than 33 1/39	%, and line	X
b	33 1/3% support tests—2021. If the orga		_				
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	d not check a box o	on line 14, 19a, or	19b, check this box	x and see instructi	ons	

Part IV Supporting Organizations

(Complete only if you checked a box on 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.*
- c 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		
	3c		
	4a		
	70		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	4.5		
	10a		
	10b		
Sche	edule A	(Form 9	990) 2022

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		
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		
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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)	1	
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.			
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		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			See
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	lete Sections A through E	
Secti	on 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		
Secti	on 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		
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 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		
Secti	on 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	

Schedule A (Form 990) 2022

(see instructions).

Page 7

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 purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.			\vdash	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I	I	10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable
	Distributable and control for 0000 from Oasting Oaling O		Pre-2022		Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form	n 990) 2022	Lean	Ensemble	Theater		47-2994571	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	IV, Section A, ; Part IV, Sect t V, line 1; Par	lines 1, 2, 3b, ion C, line 1; F t V, Section B,	3c, 4b, 4c, 5a, Part IV, Section line 1e; Part V,	ired by Part II, line 10; 6, 9a, 9b, 9c, 11a, 11b D, lines 2 and 3; Part , Section D, lines 5, 6, information. (See instr	o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
•							
•							
•							
•							
•							

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

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 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 |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

Page 2

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		\$ 12,500	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Fotal contributions \$ 6,000	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		\$ 7,000	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
6		\$ 22,875	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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 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 July 25, 2006, 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 (ii) Assets included in Form 990, Part X 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	art III Organizations Maintaining	Collections of	Art, Historical 1	reasures, c	r Other Si	milar A	ssets (contin	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	n, and other record	s, check any of the fo	ollowing that ma	ake significant	use of its	3			
а	Public exhibition	d 🗌	Loan or exchange pr	ogram						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further the	organization's	exempt purpo	se in Pai	t			
	XIII.									
5	During the year, did the organization solicit of									٦
	assets to be sold to raise funds rather than to		part of the organization	on's collection?				Ye	s	No
	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.	•	" on Form 990, P	art IV, line 9	, or reporte	d an an	nount or	n Forn	1	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contributions	or other assets	not					
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
								Amoun		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
f o-	Ending balance	000 D-+ V II-				1f				T
	Did the organization include an amount on Format If "Yes," explain the arrangement in Part XIII.							Ye		No
	art V Endowment Funds.	Check here it the e	spianation has been	provided on Fa	IL AIII					
	Complete if the organization	answered "Yes"	" on Form 990. P	art IV. line 1	0.					
		(a) Current year	(b) Prior year	(c) Two year) Three year	s back	(e) Fou	years	back
1a	Beginning of year balance					-				
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs			1						
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g, column (a)) held as:						
	Board designated or quasi-endowment	%								
	Permanent endowment % Term endowment %									
C	Term endowment % The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posses		ation that are held an	d administered	for the					
ou	organization by:	ssion of the organiz	ation that are note an	a administered	ioi uic			[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pa	art VI Land, Buildings, and Equi	•								
	Complete if the organization	answered "Yes"	<u>' on Form 990, Pa</u>	art IV, line 1	1a. See Fo	rm 990,	Part X,	line 1	0.	
	Description of property	(a) Cost or other	` '	r other basis	(c) Accum			(d) Book	value	
		(investment)	(of	ther)	deprecia	uon	+-			
1a	Land									
b	Buildings									
	Leasehold improvements						+			
	Equipment Other									
	Other I. Add lines 1a through 1e. (Column (d) must e		t X column (B) line	10c.)			+			

	orm 990) 2022 Lean Ensemble Theat	er	4/-29945/1	Page .
Part VII	Investments – Other Securities. Complete if the organization answered "Yes"	on Form 000 Part IV lir	ne 11h See Form 000 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	luation:
	(including name of security)		Cost or end-of-year m	narket value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
			+	
			+	
			+	
(C)				
/ 山 \				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	1		
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year m	
			Cost or end-or-year m	narket value
(1)				
(2)			+	
(3)			+	
(4)			+	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Par	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, lir	ne 11e or 11f. See Form 99	90, Part X,
1.	(a) Description of lial	bility		(b) Book value
	income taxes			26 400
	aid subscriptions			26,490 8,452
	aid flex pass oll liabilities			2,624
	aid Tickets			340
(5) Prepa				340
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			37,906
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's	financial statements that reports	

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	Reconciliation of Revenue per Audited Financial S		iue per Return.	
_	Complete if the organization answered "Yes" on Form			
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a	Net unrealized gains (losses) on investments	2a		
D	Donated services and use of facilities	2b 2c		
	Recoveries of prior year grants	2C		
d	/		20	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
5		 1		
	rt XII Reconciliation of Expenses per Audited Financial S		•	
ıa	Complete if the organization answered "Yes" on Form		ilises per iteturii.	
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	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	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
С				
с 5	Add lines 4a and 4b			
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	3.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 Int XIII Supplemental Information.	s.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Part provide any additional inform	art V, line 4; Part X, line nation.	

Schedule D (Fo	orm 990) 2022	Lean	Ensemble	Theater	47-2994571	Page 5
Part XIII	Supplementa	al Infor	Ensemble rmation (continu	ied)		
						• • • • • • • • • • • • • • • • • • • •

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

Onen to Publ

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Lean Ensemble Theater	47-2994571
Form 990, Part III, Line 4d - All Other Accompli	ishments
Lean Ensemble Theater is a professional performi	ing arts based company
founded in 2015. In the 2022/2023 season the Th	neater produced 5 plays. In
addition, the Theater provided educational progr	rams throughout the course
of the season.	
Form 990, Part VI, Line 11b - Organization's Pro	ocess 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 Con	nflicts Policy
Conflict of interest statement is signed and rev	viewed annually
Form 990, Part VI, Line 15a - Compensation Proce	ess for Top Official
All Compensation matters are approved by the Exe	ecutive Comittee of the
Board of Directors	
Form 990, Part VI, Line 19 - Governing Documents	s 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.

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

OMB No. 1545-0172

Attachment Sequence No 179

Name(s) shown on return

Ensemble Theater

Identifying number 47-2994571

	Lean r	usembre ine	eater			4 / -	299	43 / I
Busin	ess or activity to which this form relate	es				•		
<u>I</u> 1	<u>ndirect Depreciat</u>							
Pa	rt I Election To Expe							
	Note: If you have		<u>/, complete Part V</u>	' before you c	omplete	Part I.		
1	Maximum amount (see instruction						1	1,080,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 pro			tructions)			3	2,700,000
4	Reduction in limitation. Subtract li						4	
5	Dollar limitation for tax year. Subtract li	ine 4 from line 1. If zero o	or less, enter -0 If marrie	ed filing separately,	see instruct	tions	5	
6	(a) Description	on of property	(t	o) Cost (business use	only)	(c) Elected cost		
7	Listed property. Enter the amoun	t from line 29			7			
8	Total elected cost of section 179	property. Add amount	s in column (c), lines (6 and 7			8	
9	Tentative deduction. Enter the sr						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter	the smaller of busine	ss income (not less th	nan zero) or line	5. See in	structions	11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below	<u> </u>						
	rt II Special Depreciat					listed proper	y. Se	e instructions.)
14	Special depreciation allowance for		ther than listed proper	rty) placed in ser	vice			
	during the tax year. See instruction						14	
15	Property subject to section 168(f)						15	4 554
<u>16</u>	Other depreciation (including AC						16	1,571
_ Pa	rt III MACRS Deprecia	tion (Don't includ			ons.)			
			Section					
17	MACRS deductions for assets pla		, ,				17	0
18	If you are electing to group any assets place	ed in service during the tax ye Assets Placed in Ser					votom	
	Section B—	(b) Month and year	(c) Basis for depreciation		e Genera	Depreciation 3	ystem	
	(a) Classification of property	placed in service	(business/investment us only–see instructions)		(e) Conv	rention (f) Meth	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
	15-year property							
	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MN			
	property			27.5 yrs.	MN	Л S/L		
i	Nonresidential real			39 yrs.	MN			
	property				MN			
		ssets Placed in Servi	ice During 2022 Tax	Year Using the	Alternati		_	m
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MN			
	40-year	1		40 yrs.	M	M S/L		
	rt IV Summary (See in							Г
21	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12,						00	1 571
23	here and on the appropriate lines For assets shown above and place	•			ictions		22	1,571
~~	i ui assets siluwii abuve allu plat	oca iii ocivide uuliili l	no ouncin year, eiller	u i c	1			

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 appr	eciation for this oppor	rtunity to work wit	h 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

2020 & 2021 06/30/22 For calendar year 2021, or tax year beginning 07/01/21 ending

Taxpayer Identification Number Name

Ι	Lean Ensemble Theater			47-	2994571
			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	217,939	206,466
n e	1 Program convice revenue	4.	6,977	93,173	86,196
2	5. Investment income	5.			
>		6.			
R e	7. Net gain or (loss) from sale of assets oth				
	8. Net income or (loss) from fundraising even	ents 8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	160,647	482,508	321,861
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
Ø	15. Compensation of officers, directors, trusto	ees, etc. 15.		62,000	62,000
Se	16. Salaries, other compensation, and emplo	yee benefits 16.	96,898	99,476	2,578
e n		17.			
α	18 Other professional fees	18.	4,300	4,500	200
Ш	.		12,810	31,836	19,026
	20. Depreciation and Depletion		1,572	1,697	125
	21. Other expenses		42,325	199,963	157,638
	22. Total expenses. Add lines 13 through 2	22.	157,905	399,472	241,567
	23. Excess or (Deficit). Subtract line 22 fro		2,742	83,036	80,294
	24. Total exempt revenue	24.	160,647	482,508	321,861
	25. Total unrelated revenue	25.			
<u>o</u>		26.	6,977	93,173	
nat	27. Total assets	27.	210,549	290,204	
Information	28. Total liabilities		37,529	34,148	-3,381
=	29. Retained earnings	20	173,020	256,056	83,036
her	30. Number of voting members of governing		13	12	
ō	31. Number of independent voting members	of governing body 31.	<u> </u>	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						
-undraising 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						
Benefits paid to or for members						
Compensation of officers, etc		48,780	48,000		62,000	
Other compensation	58,028	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	
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.

Form 8879-TE

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

_		

For calendar year 2021, or fiscal year beginning 7/01 , 2021, and ending

6/30_{,20} 22

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879TE for the latest information.

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 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here ... 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 |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 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.

ERO Must Retain This Form — See Instructions

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

Patrick P. Carey, Jr., CPA

990 Form

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.

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 2021	alendar year, or tax year beginning 0	7/01/21 , and ending $06/3$	0/22	•				
В	Check if applicable:	C Name of organization			D Employer	identification number			
Ш	Address change	Lean Enser	able Theater						
$\overline{\Box}$	Name change	Doing business as			47-2994571				
H	Ü	Number and street (or P.O. box if mail is not delivered	,	Room/suite	E Telephone number 843-715-6676				
닐	Initial return Final return/	32 Office Park Road, Su City or town, state or province, country, and ZIP or fo			043-	713-0070			
	terminated		•			400 500			
	Amended return	Hilton Head Island F Name and address of principal officer:	SC 29928	1	G Gross rec	eipts \$ 482,508			
Ħ	Application pending	<u> </u>		H(a) Is this a gi	oup return for s	ubordinates? Yes X No			
Ш	Application pending	Blake White	d			.			
		32 Office Park Road	-	H(b) Are all sul		aca			
		Hilton Head Island	SC 29928	If "No	attach a list.	See instructions			
<u> </u>	Tax-exempt status:	X 501(c)(3) 501(c) () t	(insert no.) 4947(a)(1) or 527						
<u>J</u>	Website: U	ww.leanensemble.org		H(c) Group exe					
	Form of organization		Other u	L Year of formation: 2	2015	M State of legal domicile: SC			
F		ummary							
		escribe the organization's mission or most s							
ė	Lear	Ensemble Theater embrace				erse,			
au	ense	mble based programming wh	ich compels thought, spa	arks emotion	and				
Governance	insp	ires <u>di</u> alogue.							
Š	2 Check th	is box ${f u}$ if the organization discontinue	d its operations or disposed of more than	25% of its net asset	s.				
ಶ	3 Number	of voting members of the governing body (P	art VI, line 1a)		3	12			
	4 Number	of independent voting members of the gover	ning body (Part VI, line 1b)		. 4	12			
Ę	5 Total nui	nber of individuals employed in calendar yea	r 2021 (Part V, line 2a)		5	2			
Activities		mber of volunteers (estimate if necessary)				25			
_	7a Total un	elated business revenue from Part VIII, colu				0			
		lated business taxable income from Form 99				0			
				Prior Ye	ar	Current Year			
ø	8 Contribu	ions and grants (Part VIII, line 1h)			3,670	389,335			
Revenue	9 Program	service revenue (Part VIII, line 2g)			6,977	93,173			
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4,	and 7d)			0			
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0			
	12 Total rev	enue – add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)	16	0,647	482,508			
	13 Grants a	nd similar amounts paid (Part IX, column (A	, lines 1–3)			0			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0			
S	15 Salariae	other compensation, employee benefits (Pa	rt IX, column (A), lines 5-10)	9	6,898	161,476			
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), lir	e 11e)			0			
g	b Total fun	draising expenses (Part IX, column (D), line	25) u 0						
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d,		6	1,007	237,996			
	18 Total exp	enses. Add lines 13-17 (must equal Part IX	15	7,905					
	19 Revenue	less expenses. Subtract line 18 from line 12	2		2,742	83,036			
o.	G G			Beginning of Cu		End of Year			
Net Assets or	Total ass				0,549	290,204			
A A	21 Total liab				7,529	34,148			
		ts or fund balances. Subtract line 21 from lin	e 20	17	3,020	256,056			
		gnature Block							
	•	perjury, I declare that I have examined this retur			•	wledge and belief, it is			
	ue, correct, and c	omplete. Declaration of preparer (other than office	er) is based on all information of which prepa	arer has any knowledg	₽. 				
Si	9'' [Signature of officer		_	Date				
He	ere	Blake White	Exe	cutive Di	rector				
		Type or print name and title							
_		e preparer's name	Preparer's signature	Date	Check	if PTIN			
Pai	I del I	ck P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA		self-em				
	eparer Firm's na				Firm's EIN }	57-0927046			
Us	e Only	70 Main Street	=	T					
_	Firm's a	dress } Hilton Head Is	land, SC 29926		Phone no.	843-681-4430			
Ma	v the IRS discus	s this return with the preparer shown above	? See instructions			X Yes No			

Pai	t III Statement of Program Service Check if Schedule O contains a re	Accomplishments esponse or note to any line in this Part III	X
1	Briefly describe the organization's mission:		
eı	nsemble based programming	aces theater's vibrant relevance throwhich compels thought, sparks emotion	n and
	· A.		
2	Did the organization undertake any significant progra	m services during the year which were not listed on the	
			Yes X No
	If "Yes," describe these new services on Schedule C		
	Did the organization cease conducting, or make sign	ficant changes in how it conducts, any program	□.,
			Yes X No
	If "Yes," describe these changes on Schedule O.	ishments for each of its three largest program services, as measured by	
		ons are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each pro		
		•	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	93,173
		professional performing arts based c	
		021/2022 season the Theater produced	
	· 	ided educational programs throughout	the course
0:	the season.		
		including grants of \$	
N,	/A		
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
	/A		······································
	•		
	•		
	•		
	•		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 353,039 including	grants of \$) (Revenue \$)
4e	Total program service expenses u	353,039	

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		х
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	-		<u> </u>
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	Was " sampled Charles D. Dart 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 Schodule D. Port 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	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	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		Х
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		Х
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		Х
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						
	employees? If "Yes," complete Schedule J				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		Х
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 section with a discussified assessed to six at the company of				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 Schoolyle I. Part 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			20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	КСУ					
	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						
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	С L,					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf .					
а	When I remarks Calcabile I. Davi 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		-25
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		vi			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	Π.		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				1 22		х
22	complete Schedule N, Part II				32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regular				1		х
24	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,				1 24		х
25-	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				254		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization.						v
00	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				_ v	
	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					 T.,	
_		,	.	1.4		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	_	14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	<u> </u>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						v

_Pa	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	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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			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, 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 According to the control of	ounts ((FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			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
С	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					
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
				6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		_		
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_1	required to file Form 8282?	7d		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	and the second section because the second business had been always as the second secon	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate constitution and to study the distribution and a section 40000			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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	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 10	041? .	.	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				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	I	1			
	the organization is licensed to issue qualified health plans	13b		_		
С	Enter the amount of reserves on hand	13c				
14a				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			4-		v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.			40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust any disqualified person or mine operator engage in					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.			.,		

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

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		_X_
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?			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		_X_
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		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the fo	ollowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal R	evenue C	ode.)	1	
					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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				٦,	
	describe on Schedule O how this was done			12c	X	37
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	v	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ıvd	with a tayable antity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			10a		21
b	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			100		
<u>000</u> 17	List the states with which a copy of this Form 900 is required to be filed as					
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.	501(Σ,			
	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				
	ake White 32 Office Park Road, Suite 102	_				
	lton Head Island SC 2992	8	84	3-71	5-6	676

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

	Check this box if neither the	organization nor only	rolated argonization	componented on	ourrent officer	director or tructoe
1	Check this box it heither the	organization nor any	related ordanization	compensated any	current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	bo	x, unle	cer and a director/trustee)		(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		X		\vdash		0	0	0
(2) Mary Briggs	2.00									
Vice President	0.00	$ \mathbf{x} $		x				0	0	0
(3) Lisa Snider	0.00	1							•	
(6) ========	2.00									
Treasurer	0.00	X		x				0	0	0
(4) Bo Pearson										
	2.00									
Secretary	0.00	X		Х				0	0	0
(5) Joe Maguire										
	2.00									
Member	0.00	X		Х				0	0	0
(6) Jan McKelvey										
	2.00								_	
Member	0.00	X						0	0	0
(7) Tim Ridge	0.00									
36	2.00	\ .						_	0	0
Member (8) Cathy Nairne	0.00	X				\vdash		0	0	0
(8) Cathy Naithe	2.00									
Member	0.00	x						0	0	0
(9) Charles Russ	0.00	1								
(3) 31141 135 11455	2.00									
Member	0.00	x						0	0	0
(10) Gloria Holmes		T -				\Box				
	2.00									
Member	0.00	x						0	0	0
(11) Randi Wolfe										
	2.00									
Member	0.00	X						0	0	990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, unle ficer a	Pos check ess pe	rson i	than o s both or/truste Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) imated an of othe ompensar from the ganization ed organ	r tion e and	
(12 Exe	Blake White	40.00	х		х				62,000	0				0
									62,000					
1b c d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the	ets to Part VII, Se	ection	on A		 		u u <u>u</u> ve)	62,000 62,000 who received more than \$10	00,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," or any individual listed on line organization and related organi <i>individual</i> Did any person listed on line 1a	complete Schedu 1a, is the sum of izations greater the sum of izations greater the sum of izations greater the sum of izations greceive or accretions.	le J f rep nan ue c	for sortal \$150 	euch ole c ,000 	indivompe ompe ? If " ion f	ridual ensat 'Yes,'	ion and income i	and other compensation from mplete Schedule J for such unrelated organization or inc	m the		3	Yes	X X
Sect	for services rendered to the orgion B. Independent Contractor		s," c	omp	lete S	Sche	dule	J fo	r such person		<u></u>	5		X
1	Complete this table for your five compensation from the organization	e highest comper												
		(A) business address	ірсп	Jano	11 101	tilo	odici	laai		(B) ion of services		Com	(C) pensatio	on
2	Total number of independent or received more than \$100,000 c								listed above) who	0				

Forn	n 990	(2021) Lean	<u>Er</u>	<u>isemble T</u>	hea	ter		47	-2994571		Page 9
Pa	rt V			f Revenue	ins a	respor	nse or note	to any line in this	: Part VIII		
		Oncok II	COIN	saute o contain	110 0	СТСОРОГ	ide of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	aigns		1a						
ran	b	Membership due	es		1b						
A G	С	Fundraising eve	nts		1c						
ifts ar /	d	Related organiza			1d						
mig.	е	Government grants (co			1e		217,939				
ons Si	f	All other contributions,	gifts, gra	nts,							
buti the		and similar amounts no Noncash contributions		-	1f		171,396				
n G	9	lines 1a-1f			1g	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f				u	389,335			
							Business Code				
ല	2a	General ti	cket	sales				89,036	89,036		
ervic	b	Advertising	g sal	les				4,100	4,100		
Senuc	С	Other Inco	me					37	37		
ran Rev	d										
Program Service Revenue	е										
_	f	All other program	n servi	ce revenue							
	g	Total. Add lines	2a-2f				u	93,173			
	3		,	cluding dividends,							
		other similar am	ounts)				u				
	4			nt of tax-exempt b							
	5	Royalties	. <u></u>								
	_	_		(i) Real		(ii)	Personal				
		Gross rents	6a								
	b	Less: rental expenses	6b								
	C .	Rental inc. or (loss)	6c								
	d 7a	d Net rental income or (loss) 7a Gross amount from (i) Securities									
		sales of assets		(i) Securilles		1	(ii) Other				
	.	other than inventory	7a								
Revenue	D	Less: cost or other	7b								
eve	_	basis and sales exps. Gain or (loss)	76 7c								
_		Net gain or (loss)					11				
Othe		Gross income from		Г		T	u				
٥	Ju	(not including \$		-							
		of contributions rep		n line							
		1c). See Part IV, lir			8a						
	b	Less: direct expe			8b						
				om fundraising ev	ents .		u				
		Gross income from		· .							
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe			9b						
	С	Net income or (l	oss) fro	om gaming activiti	es		u				
	10a	Gross sales of in		• •							
		returns and allow	wances	s	10a						
		Less: cost of goo			10b						
	С	Net income or (le	oss) fro	om sales of invent	ory						
<u>s</u>							Business Code				
eor Te	11a										
liscellaneous Revenue	b										
Sce Rev	С										
₩ 1	d	All other revenue	Э				1		I		I

u

u

482,508

93,173

0

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			e column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		51421155	general dispersion	
	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	0 001	C 9C4	1 1 2 7	
10	Payroll taxes	8,001	6,864	1,137	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,500		4,500	
c d	Accounting Lobbying	4,500		4,500	
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)				
12		47,339	47,339		
13	Office expenses	8,789	6,592	2,197	
14	Information technology	,	,	, -	
15	Royalties	3,457	3,457		
16	Occupancy	31,836	19,026	12,810	
17	Travel	22,778	22,778		
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				
22	Depreciation, depletion, and amortization	1,697	1,571	126	
23	Insurance	1,478	1,109	369	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	41,233	41,233		
a h	Housing Outside Contract	23,433	23,433		
b c	Merchant fees	11,573	11,573		
d	Printing and reproduction	10,221	10,221		
e e	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	222,212	200,000	20, 200	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here u if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A)		(B)
Τ.				Beginning of year		End of year
1	Cash—non-interest-bearing			189,462	1	246,618
2	9 1 1 1 1 1 1- 1-				2	22 001
3	Pledges and grants receivable, net				3	23,001
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or form					
	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe				5	
6						
	under section 4958(f)(1)), and persons described in				6	
7					7	
8		10.100	8	10.00		
9				10,682	9	10,934
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	11,942			
ŀ	b Less: accumulated depreciation	10b	5,494	7,202	10c	6,448
11					11	
12					12	
13	Investments—program-related. See Part IV, line 11				13	
14					14	
15				3,203	15	3,203
16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)		210,549	16	290,204
17	Accounts payable and accrued expenses				17	
18			18			
19			19			
20					20	
21		V of Schedule	D		21	
22						
22	trustee, key employee, creator or founder, substantia	al contributor,	35%			
	controlled entity or family member of any of these pe	ersons			22	
23		third parties			23	
24		rd parties			24	
25						
	parties, and other liabilities not included on lines 17-2	24). Complete	Part X			
	of Schedule D			37,529	25	34,148
26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	37,529	26	34,148
	Organizations that follow FASB ASC 958, check					
	and complete lines 27, 28, 32, and 33.					
27 28	Net assets without donor restrictions			173,020	27	256,056
28				-	28	
	Organizations that do not follow FASB ASC 958,					
	and complete lines 29 through 33.					
					29	
30		nent fund			30	
31		e, or other fur	s		31	
29 30 31 32				173,020	32	256,056
33	Total liabilities and net assets/fund balances			210,549	33	290,204

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			
			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		Х
	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		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	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 l	Reas	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	ns.			
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	170(b)(1)(A)(i).				
2	П			A)(ii). (Attach Schedule E (Form 9							
3	П			e organization described in secti)(1)(A)(iii)					
4	Н	•	·	in conjunction with a hospital des	•			ital's name.			
-	ш	city, and state		•				,			
5		-		a college or university owned or							
·	ш		(b)(1)(A)(iv). (Complete Part I		oporatoa	by a gov	Similar and accompanies				
6	П			vernmental unit described in sec	tion 170	(b)(1)(A)(v	۸.				
7	Н		•	ubstantial part of its support from							
•	ш	•	section 170(b)(1)(A)(vi). (Co		a govoiii	mornar an	ii or iiom are general public				
8				70(b)(1)(A)(vi). (Complete Part II	.)						
9	П			ribed in section 170(b)(1)(A)(ix)		in coniur	nction with a land-grant college				
	ш	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
	university:										
10											
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its										
			·	unrelated business taxable inco	- '		11 tax) from businesses				
44			•	, 1975. See section 509(a)(2). ((-)/4)				
11	Н	•	•	clusively to test for public safety.				. (
12	Ш	•	•	cclusively for the benefit of, to per ons described in section 509(a) (
				cribes the type of supporting orga				HIGOK			
	а			rated, supervised, or controlled by							
	u			er to regularly appoint or elect a r		-					
			• ', '	mplete Part IV, Sections A and							
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	on with its	supporte	d organization(s), by having				
		ш		ng organization vested in the sar			• ,, •				
		organizati	on(s). You must complete I	Part IV, Sections A and C.							
	С			upporting organization operated in							
		$\overline{}$	• ,,,	ructions). You must complete P							
	d		• •	. A supporting organization opera)			
				organization generally must satis	-						
	_		,	ust complete Part IV, Sections							
	е			ived a written determination from -functionally integrated supporting			Type i, Type ii, Type iii				
	f		nber of supported organization		5 - 5						
	g	Provide the fo	ollowing information about the	supported organization(s).							
(i) Nan	ne 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	listed in yo	ur governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
					-						
(D)											
					-						
(E)											
Tota	ı				1		1				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (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) (a) 2017 **(b)** 2018 (f) Total (c) 2019 (d) 2020 (e) 2021 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 is regularly carried on Other income. Do not include gain or loss from the sale of capital assets **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14 15 15 33 1/3% support test-2021. 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—2020. 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—2021. 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 10%-facts-and-circumstances test—2020. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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	,		, 1			
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 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) u	(a) 2017	(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	Total support. (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	-		•			▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,	••		(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	livided 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						> 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.
- **c** 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		
0.5		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b	\	200) 255
Schedule A	A (Form 9	990) 2021

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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		
Secti	on B. Type I Supporting Organizations			
		\Box	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	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			
<u> </u>	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		
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	,		
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
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. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	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
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.			
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		

Page 6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations										
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	mplet	e 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):										
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									
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 Typ	e III s	upporting organization	<u> </u>							

Schedule A (Form 990) 2021

(see instructions).

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	supporting Organizati	ions (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.			
	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			
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) 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			
3	instructions. 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			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	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	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
С	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (For	m 990) 2021	Lean	Ensemble	Theater		47-2994571	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. IV, Section A Record IV, Section A Record IV, Section IV, Inc. 1; Pa	Provide the ex, lines 1, 2, 3b, tion C, line 1; F rt V, Section B	olanations requ 3c, 4b, 4c, 5a, Part IV, Section line 1e; Part \	uired by Part II, line 1, 6, 9a, 9b, 9c, 11a, 1, D, lines 2 and 3; Pa/, Section D, lines 5, I information. (See ins	0; Part II, line 17a or 11b, and 11c; Part IV art IV, Section E, line 6, and 8; and Part V	r 17b; Part /, Section s 1c, 2a, 2b,
					()		
•							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
·							
• • • • • • • • • • • • • • • • • • • •							
·							
•							
• • • • • • • • • • • • • • • • • • • •							

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors u Attach to Form 990 or Form 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

 \boldsymbol{u} Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Lean Ens	semble Theater	47-2994571
Organization type	e (check one):	
Filers of:	Section:	
Form 990 or 990-E	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 foun	dation
	501(c)(3) taxable private foundation	
, ,	anization is covered by the General Rule or a Special Rule . ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
General Rule		
or more (i	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribin money or property) from any one contributor. Complete Parts I and II. See instruct's total contributions.	-
Special Rules		
regulations 16b, and 1 (2) 2% of	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ s under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 that received from any one contributor, during the year, total contributions of the great the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	10), Part II, line 13, 16a, or eater of (1) \$5,000; or Parts I and II.
literary, or	r, during the year, total contributions of more than \$1,000 exclusively for religious, reducational purposes, or for the prevention of cruelty to children or animals. Compolumn (b) instead of the contributor name and address), II, and III.	
contributor contribution during the General I	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that r, during the year, contributions exclusively for religious, charitable, etc., purposes, ons totaled more than \$1,000. If this box is checked, enter here the total contribution e year for an exclusively religious, charitable, etc., purpose. Don't complete any of the Rule applies to this organization because it received nonexclusively religious, charitable, etc., purpose.	but no such ns that were received ne parts unless the table, etc., contributions
must answer "No"	nization that isn't covered by the General Rule and/or the Special Rules doesn't file on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or doesn't meet the filing requirements of Schedule B (Form 990)	,

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

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, deditoss, und 2m 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.)					

Schedule B (Form 990) (2021)

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	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	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
	Name, audiess, and Aif T 4	Total contributions	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 ...

Part III Organizations Maintaining	Collections of	Art, Historical Tr	easures, or Othe	r Simila	ar As	sets (c	ontinu	ed)	
3 Using the organization's acquisition, accession,	and other records,	check any of the follow	ving that make significa	nt use of	its				
collection items (check all that apply):									
a Public exhibition	d	Loan or exchange pro							
b Scholarly research	e	Other							
c Preservation for future generations			t et d						
4 Provide a description of the organization's collection	ctions and explain f	now they further the org	ganization's exempt pu	rpose in F	art				
XIII.5 During the year, did the organization solicit or re	accive denations of	art historical transurer	or other cimilar						
assets to be sold to raise funds rather than to be		-	·				☐ Ye		No
Part IV Escrow and Custodial Arra		art of the organizations	CONCOUNTY				<u> </u>	<u> </u>	
Complete if the organization a	•	on Form 990, Pa	rt IV, line 9, or rep	orted a	n amo	ount on	Form		
990, Part X, line 21.		,	•						
1a Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions or o	other assets not						
included on Form 990, Part X?							Ye	:s [No
b If "Yes," explain the arrangement in Part XIII an	d complete the follo	owing table:							
							Amoun	<u>:</u>	
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year					1e				
f Ending balance					1f		П.,		T
2a Did the organization include an amount on Form							Y€		No
b If "Yes," explain the arrangement in Part XIII. Cl Part V Endowment Funds.	neck nere if the exp	planation has been prov	ided on Part XIII						
Complete if the organization a	enewered "Vee"	on Form 990 Pa	rt I\/ ling 10						
Complete if the organization of	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years	back	(e) Fou	r years	back
1a Beginning of year balance	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(0):)	(-)	(-,	, , , , , , , ,		(-)	,	
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 current		(line 1g, column (a)) he	eld as:						
${f a}$ Board designated or quasi-endowment ${f u}$	%								
b Permanent endowment u %									
c Term endowment u %	1 1 4000/								
The percentages on lines 2a, 2b, and 2c should		an that are hald and a	dusinistanad for the						
3a Are there endowment funds not in the possessi organization by:	on of the organizati	on that are new and ac	aministered for the					Yes	No
· · · · · · · · · · · · · · · · · · ·							3a(i)	163	NO
(i) Unrelated organizations (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									
Part VI Land, Buildings, and Equip									
Complete if the organization a	answered "Yes"	on Form 990, Par	rt IV, line 11a. See	Form	990, F	Part X,	line 10)	
Description of property	(a) Cost or other			Accumulate			(d) Book		
	(investment)	(oth	er)	depreciation					
1a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other Total. Add lines 1a through 1e. (Column (d) must equ	al Form 000 Port	X column (R) line 10c)					—	
iotai. Add illes la tillough le. (Column (u) must equ	ar i Oiiii 330, Fdll /	√, σοιαιτιτι (<i>Φ),</i> ππ υ 100.	/		u	1			

Schedule D (Fo	orm 990) 2021	Lean	Ensemble	Theater		47-2994571	Page
Part VII			er Securities.				
	Complete if t	the orga	nization answe	red "Yes" on F	orm 990, Part IV, line	11b. See Form 990, Pa	rt X, line 12.
			rity or category		(b) Book value	(c) Method of	
		uding name o	of security)			Cost or end-of-yea	r market value
(1) Financial of							
	ld equity interests						
					_		
(F)							
·			Part X, col. (B) line	12.) u			
Part VIII		-	ram Related.				
	•			red "Yes" on F		11c. See Form 990, Pa	
	(a) D	Description of	investment		(b) Book value	(c) Method of	
						Cost or end-of-yea	market value
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
			Part X, col. (B) line	13.) u			
Part IX	Other Asse				000 D. (IV I'	44 L O E	4 M. P 45
	Complete if t	tne orga	nization answe		orm 990, Part IV, line	11d. See Form 990, Pa	
				(a) Description			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) Tatal (0) /	. (1)		D. () (D) !'	45.)			
			Part X, col. (B) line	15.)		u	
Part X	Other Liabi		nization analys	rad "Vaa" on F	000 Dort IV line	11a or 11f Coa Form (100 Dort V
	line 25.	ine orga	nization answe	eu res on r	Form 990, Part IV, line	11e or 11f. See Form 9	990, Part A,
1.		(a) Description	of liability				(b) Book value
_ (/	income taxes						
	id subscri		3				18,395
	id flex pa						13,220
	ll liabili						1,853
(5) Prepa	id Tickets	1					680
(6)							
(7)							
(8)							
(9)							
			Part X, col. (B) line			u	34,148
2. Liability for	uncertain tax posit	tions. In Pa	art XIII, provide the	text of the footno	te to the organization's finan	icial statements that reports th	е

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 Statem	<u>-</u>	Return.	
	Complete if the organization answered "Yes" on Form 990,	·		
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		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		r Return.	
	Complete if the organization answered "Yes" on Form 990,			
1		·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
	Prior year adjustments	2b		
C		2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
	Other (Describe in Part XIII.)			
			4c	
C				
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·· ———	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·· ———	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.		5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; P	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	lines 1b and 2b; Part V, line 4; P	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; P	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; P	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; P	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; P	5	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Fany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Fany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Fany additional information.	art X, line	
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa Provi 22; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa Provi 22; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a supplemental information.	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a supplemental information.	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a supplemental and the part of the pa	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a supplemental and the part of the pa	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; Pany additional information.	art X, line	

Schedule D (Fo	orm 990) 2021	Lean	Ensemble	Theater	47-2994571	Page 5
Part XIII	Supplementa	I Info	Ensemble rmation (continu	ıed)		
	•		,	,		
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or Form 990-EZ. \boldsymbol{u} Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number 47-2994571

Lean Ensemble Theater	47-2994571
Form 990, Part III, Line 4d - All Other Accomplishments	
Lean Ensemble Theater is a professional performing arts	based company
founded in 2015. In the 2021/2022 season the Theater pr	roduced 5 plays. In
addition, the Theater provided educational programs thro	oughout 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 Executiv	
	ve 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 a	
Form 990, Part VI, Line 15a - Compensation Process for	Top Official
All Compensation matters are approved by the Executive C	Comittee of the
Board of Directors	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
Governing documents are available to the public upon re-	quest

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

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

47-2994571

FYE: 6/30/2022

Federal Statements

11/9/2022 6:46 PM

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.

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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? If "No," attach a list. See instructions Hilton Head Island SC 29928 501(c) (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 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2 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) **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 End of Year 5 189,721 210,548 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 19,443 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** Company P.A. Firm's EIN Firm's name **Use Only** 70 Main Street, Suite 100 29926 843-681-4430 Hilton Head Island, SC

May the IRS discuss this return with the preparer shown above? See instructions

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: Lean Ensemble Theater is a professional performing arts based founded in the spirit that theater is a living entity which i any individual or group lucky enough to work in the field	d company
 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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than total expenses, and revenue, if any, for each program service reported. 	by ers,
4a (Code:) (Expenses \$ including grants of \$) (Revenue Lean Ensemble Theater is a professional performing arts based founded in 2015. In the 2020/2021 season the Theater produce which was not a typical performance season due to the COVID-1 addition, the Theaterprovided educational programs throughout the season.	d company ed 1 play, 19 pandemic. In the course of
4b (Code:) (Expenses \$ including grants of \$) (Revenue N/A	\$)
4c (Code:) (Expenses \$ including grants of \$) (Revenue N/A	\$,
4d Other program services (Describe on Schedule O.) (Expenses \$ 19,878 including grants of \$) (Revenue \$ 4e 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			
	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) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Ha	^	
b	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	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	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		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			
	familiar investments valued at \$400,000 as were 2 ff (Ver " associate Calculus F. Borte 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	140		
	for any function approximation 2 16 "Max" appropriate Calculula F. David H. and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? 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			v
	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 (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	-		v
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
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		х
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			v
20	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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? 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		Х
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,"			
	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			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 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.

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

	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	13			
	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		X
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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he followi	ng:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	Revenue	Code.)	I	
					Yes	
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?				v	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the to	orm?	11a	X	
b	Describe in 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 ris	e to co	ontiicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			400	x	
40	describe in Schedule O how this was done				Λ	Х
13	Did the organization have a written whistleblower policy?			13		X
14	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?					
•				15a	х	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			456	71	Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
100	with a tayable entity during the year?			16a		х
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 990 is required to be filed ▶ SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S					
	(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 inter	est po	licy, 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 reco	rds 🕨				
B	lake White PO Box 23214					
H	ilton Head Island SC 2992	5		303-96	0-8	689

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	x, unle	Pos check ess pe	rson i	than one 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	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-WIGO)	(W-21099-WISC)	organization and related organizations	
(1) Myla Lerner										
	4.00									
President	0.00	X		X		\vdash	0	0	0	
(2) Mary Briggs	2.00									
Vice President	0.00	x		х			0	0	0	
(3) Lisa Snider	0.00	Λ		Λ		\vdash	0	U	0	
(3) LISA SHIGER	2.00									
Treasurer	0.00	x		x			0	0	0	
(4) Bo Pearson	0.00	Λ		Λ			0	0	0	
(4) BO FEALSOII	2.00									
Secretary	0.00	x		x			0	0	0	
(5) Joe Maguire	0.00	22		22						
(5) 500 Hagarre	2.00									
Member	0.00	x		x			0	0	0	
(6) Steve Hasley		1								
(0, 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00									
Member	0.00	X		Х			0	0	0	
(7) Carolyn Males							-		-	
.,	2.00									
Member	0.00	X					0	0	0	
(8) Cathy Nairne										
<u>-</u>	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										
	2.00						_	_	_	
Member	0.00	X					0	0	0 Earm 990 (2020)	

Part VII	Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	1		
(A) Name and title		(B) Average hours per week (list any	bo	x, unle ficer a	Pos check ess pe nd a	rson i	than o s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	-	nization a organiza	
(12) F	andi Wolfe	2.00	x						0	0			0
	Blake White	40.00	x		x				62,000	0			0
	tal							•	62,000				
	from continuation shee (add lines 1b and 1c)							>	62,000				
2 Total		cluding but not li	imite	d to				bove	e) who received more than	\$100,000 of		T V	a Na
emplo	yee on line 1a? If "Yes,"	" complete Sched	dule	J for	suc	h ind	dividu	ıal .	ee, or highest compensated			3	S No
organ <i>indivi</i> d	zation and related orgar	nizations greater	thar	າ \$15 	50,00	00? /	f "Ye	s," c	on and other compensation complete Schedule J for su	ch		4	X
									ny unrelated organization or for such person			5	х
	Independent Contracto												
	ensation from the organi	zation. Report co							ractors that received more t lar year ending with or with	in the organization's tax ye	ear.		
	Name and	(A) I business address							Descript	(B) tion of services		Compe	nsation
2 Total receiv	number of independent ed more than \$100,000	contractors (inclu	ıding ı froi	but n the	not le	limite ganiz	ed to	thos	se listed above) who	0			

- 78	rt V			r Revenue edule O cont	ains a	respon	se or note t	to any line in this	s Part VIII		П
						· ·		(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	Federated camp	paigns		1a						
	b	Membership due	es		1b						
s, c Ame	С	Fundraising eve	nts		1c						
ar ,	d	Related organiz	ations		1d						
s, imi		Government grants (co			1e		11,473				
r S		All other contributions,									
but the		and similar amounts no	ot include	ed above	1f		142,197				
100	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
ang	h	Total. Add lines	1a-1f					153,670			
							Business Code				
œ.	2a	General ti	cket	sales				6,961	6,961		
Program Service Revenue	b	Other Incom	me					16	16		
" — —	С										
ram Reve	d										
709	е										
-	f	All other program	n serv	rice revenue							
	g	Total. Add lines	2a-2f				▶	6,977			
	3	Investment incom	me (in	cluding dividend	ds, inte	rest, and					
		other similar am									
	4	Income from inv	estme	nt of tax-exemp	t bond	proceeds	▶				
	5	Royalties	<u></u>								
				(i) Real		(ii) I	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d 72	Net rental incom Gross amount from	e or (1		1					
	ı a	sales of assets		(i) Securities	S	(ii)	Other				
		other than inventory	7a								
υe	b	Less: cost or other									
ve		basis and sales exps.	7b								
Other Revenue		Gain or (loss)	7c								
her		٠ ,									
ŏ	8a	Gross income from		aising events							
		(not including \$									
		of contributions rep		on line 1c).							
		See Part IV, line 18			8a						
					8b						
	C	`	,	•	events						
	Уa	Gross income from		ig activities.							
		See Part IV, line 19			9a		-				
		Less: direct exp			9b						
		Net income or (I			ivities .						
	10a	Gross sales of in		-	40-						
		returns and allow			10a		-				
		Less: cost of go			10b						
	C	Net income or (I	uss) T	om sales of inv	епюту		Business Code				
Sno	11-						Duomicoo OUUC				
Misce∥aneous Revenue	11a	*									
sce ⊪ anec Revenue	b										
<u>წ</u> გ	<u>ن</u> ب										
Ξ	u	All other revenue Total. Add lines									
		Total revenue						160.647	6.977	0	(

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 90,625 8,625 82,000 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 6,273 6,273 Fees for services (nonemployees): a Management **b** Legal 4,300 4,300 c Accounting **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 15,140 15,140 3,024 3,024 Office expenses 13 Information technology 14 4,375 4,375 Royalties 15 12,810 12,810 16 Occupancy 289 289 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,572 1,572 Depreciation, depletion, and amortization 22 712 712 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,810 5,810 Education Telephone 4,436 4,436 2,848 2,848 Merchant fees 2,026 507 1,519 Other Expense d 2,004 1,662 e All other expenses 3,666 157,906 19,878 138,028 0 25 **Total functional expenses.** Add lines 1 through 24e 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 ▶ | if

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	Check if Schedule O contains a response or n	ote to any line in	this Part X		· · · · · · · · · · · · · · · · · · ·	
				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			169,147	1	189,461
2				203/217	2	103 / 101
3	Pledges and grants receivable net				3	
4	,				4	
5		mer officer direct	or			
"	trustee, key employee, creator or founder, substanti					
	controlled entity or family member of any of these p				5	
6						
	under section 4958(f)(1)), and persons described in				6	
Assets					7	
8 A					8	
9				11,800	9	13,885
-	a Land, buildings, and equipment: cost or other					
''	basis. Complete Part VI of Schedule D	10a	11,000			
١,	b Less: accumulated depreciation	10b	3,798	8,774	10c	7,202
11				• • • • • • • • • • • • • • • • • • • •	11	. , = = =
12					12	
13					13	
14					14	
15					15	
16		ne 33)		189,721	16	210,548
17				,	17	-,
18					18	
19					19	
20					20	
21		IV of Schedule D			21	
_ω 22						
Liabilities	trustee, key employee, creator or founder, substanti		35%			
<u> </u>	controlled entity or family member of any of these p				22	
⊐ັ∣23		third parties			23	
24		rd parties			24	
25						
	parties, and other liabilities not included on lines 17-	24). Complete Pa	art X			
	of Schedule D		L	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					
Se	and complete lines 27, 28, 32, and 33.	_				
82 Balances 28 Balances	Net assets without donor restrictions			170,278	27	173,019
<u>ශි</u> 28	Net assets with donor restrictions				28	
Fund	Organizations that do not follow FASB ASC 958,	check here ▶				
편	and complete lines 29 through 33.					
ီ 29					29	
g 30	Paid-in or capital surplus, or land, building, or equip	ment fund			30	
∯ 31	Retained earnings, endowment, accumulated incom-	e, or other funds			31	
Net Assets or 30 31 32	Total net assets or fund balances			170,278	32	173,019
~ 33	Total liabilities and net assets/fund balances			189,721	33	210,548

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50, G	
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	<u> </u>
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		<u> </u>
	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.

Open to Public Inspection

Employer identification number Name of the organization **-***4571 Lean Ensemble Theater 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state:

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 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 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (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)

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

Schedule A (Form 990 or 990-EZ) 2020

Total

Page 2

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.)

	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.	,				<u>[1</u> :	2	
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))		<u>1</u>		%_
15	Public support percentage from 2019 Sche	edule A, Part II, Iir	ne 14			<u> </u>	5	%_
16a	33 1/3% support test—2020. If the organ				33 1/3% or more,	check this		
	box and stop here . The organization qual							▶ ∟
b	33 1/3% support test—2019. If the organ				15 is 33 1/3% or m	ore, check		
	this box and stop here . The organization							▶ ∟
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization mee							
	Part VI how the organization meets the "fa	acts-and-circumsta	ances" test. The or	ganization qualifies	s as a publicly sup	ported		
	organization							▶ ∟
b	10%-facts-and-circumstances test—201	_						
	15 is 10% or more, and if the organization in Part VI how the organization meets the				•	•		
40	organization							🏲 🗀
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	ob, 17a, or 17b, ch	eck this box and s	ee		▶ □
	instructions							💆 🗀

Schedule A (Form 990 or 990-EZ) 2020

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	, ,		, [,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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	Public support. (Subtract line 7c from line 6.)						1,230,242
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	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, 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 o		-				
	organization, check this box and stop her						<u></u> ▶ <u>_</u>
Sec	tion C. Computation of Public S	<u> </u>					
15	Public support percentage for 2020 (line 8			nn (f))			95.12 %
16	Public support percentage from 2019 Sch						94.57 %
	ction D. Computation of Investme					[
17	Investment income percentage for 2020 (B 47			40	%
18	Investment income percentage from 2019			14 and line 15 in			%
19a	33 1/3% support tests—2020. If the organization 17 is not more than 33 1/3%, check this b						> X
b	33 1/3% support tests—2019. If the orga		=				
~	line 18 is not more than 33 1/3%, check the						▶ <u></u>
20	Private foundation. If the organization die	-	_			-	

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		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2020

Page 5

<u>Par</u>	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on 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	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		
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	ctions)	l <u>.</u>	
2	Activities Test. Answer lines 2a and 2b below.	ĺ	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 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. <i>Answer lines 3a and 3b below.</i>			
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	lle 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 Part VI). Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	elete 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		
b	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated		I supporting organization	
	(see instructions).	, · ·	., 5 5	

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organiza	tions (continued)	
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ition 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)	(ii)	(iii)
Sooti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secu	on E - Distribution Anocations (see Instructions)	Excess Distributions	Pre-2020	Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		F16-2020	Amount for 2020
2	Underdistributions, if any, for years prior to 2020			
-	(reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u> _	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			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	····· ·····		Sahadula	A (Form 990 or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	m 990 or 990-EZ) 2020	Lean	Ensemble	Theater		**-***4571	Page 8
Part VI	Supplemental IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nformation. /, Section A, Part IV, Sect	Provide the ex lines 1, 2, 3b, ion C, line 1; I	planations red 3c, 4b, 4c, 5 Part IV, Section	a, 6, 9a, 9b, 9c, 11 on D, lines 2 and 3;	ne 10; Part II, line 17a or a, 11b, and 11c; Part IV, Part IV, Section E, lines 5 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
					al information. (Se		Section E,
					•	•	
•							
•							
•							

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 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. 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	art III Organizations Maintaining C	Collections of	Art, Historical	Treasures,	or Other Sim	ilar Ass	ets (continu	ued)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records	s, check any of the	e following that n	nake significant u	se of its			
а	Public exhibition	d 🗍	Loan or exchange	program					
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's colle	ections and explain	how they further	the organization	s exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit or it	receive donations	of art, historical tre	asures, or other	similar			_	
	assets to be sold to raise funds rather than to		part of the organiza	ation's collection	?		Ye	s	No
Pa	art IV Escrow and Custodial Arra	-							
	Complete if the organization a 990, Part X, line 21.				·	an amou	unt on Form	1	
1a	Is the organization an agent, trustee, custodian		•						
	included on Form 990, Part X?						Ye	s 📙	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing table:						
						 	Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	• • • • • • • • • • • • • • • • • • • •					1e			
f	Ending balance					1f		П	
	Did the organization include an amount on For								No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	xplanation has bee	n provided on P	art XIII	<u></u>			
F	art V Endowment Funds. Complete if the organization a	neword "Voe"	on Form 000	Part IV/ line	10				
	Complete if the organization a	(a) Current year	(b) Prior year	(c) Two ye		hree years ba	ook (a) Four	years ba	nok
10	Deginning of year belones	(a) Current year	(b) Filor year	(c) Two yes	ars back (u) i	nee years ba	(e) i oui	years be	ack
	Beginning of year balance								
	Contributions								
C	Net investment earnings, gains, and								
٨	Grants or scholarships								
	Other expenditures for facilities and								
•									
f	Administrative expenses								
2	Provide the estimated percentage of the curren	t year end halance	line 1a column	(a)) held as:	I				
	Board designated or quasi-endowment	•	o (iiiic 1g, coldiliii	(a)) ficia as.					
	Permanent endowment ▶ %								
	Term endowment ▶ %								
Ŭ	The percentages on lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the possess		tion that are held	and administered	d for the				
	organization by:	g					ſ	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 requi	red on Schedule F	 ₹?			3b		
4	Describe in Part XIII the intended uses of the o								
Pa	art VI Land, Buildings, and Equip								
	Complete if the organization a		on Form 990,	Part IV, line	11a. See Form	ı 990, Pa	art X, line 1	0.	
	Description of property	(a) Cost or other b		st or other basis	(c) Accumula		(d) Book		
		(investment)		(other)	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment								
	Other			11,000	3	798		7,2	02
	I. Add lines 1a through 1e. (Column (d) must eau	ual Form 990 Part	X column (B) lin					7.2	02

	Complete if the organization answered "Yes	S ON FORM 990. FAILTY, III.E.	TID. SEE FUITI 990. FAILA. IIIE 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	on (b) much and Fama 200. But V and (D) line 40.)		
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.)	🕨	
Part VIII	Investments – Program Related. Complete if the organization answered "Yes	s" on Form 000 Port IV line	11c See Form 000 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(/)			
(8)			
(8)			
(8)	on (h) must equal Form 990 Part X col (B) line 13)		
(8) (9) Total. (Colum	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
(8) (9)	Other Assets.	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(8) (9) Total. (Colum			11d. See Form 990, Part X, line 15.
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes		
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a) Description on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes (a) Description on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	ion	(b) Book value
(8) (9) Total. (Column Part IX (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro (3) Payro (3) Payro	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) Payro (3) Payro (4)	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro (3) Payro (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro (3) Payro (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Payro (3) Payro (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a) Description on (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	ion	(b) Book value

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		ue per Return.	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 12a.	1,1	
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:	ا ءء ا		
a b	Net unrealized gains (losses) on investments	2a 2b		
C	Donated services and use of facilities	2c 2c		
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d		
e	Other (Describe in Part XIII.) Add lines 2a through 2d	<u>Zu</u>	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 4a 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 Financia	-	nses per Return.	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 12a.	T . 1	
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a	Donated services and use of facilities			
b	Prior year adjustments	2b		
c d	Other losses	2c 2d		
e	Other (Describe in Part XIII.)	<u>Zu</u>	2e	
3	Add lines 2a through 2d Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		4a		
а	investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
_	Other (Describe in Part XIII.)		4c	
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	4b		
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, liner XIII Supplemental Information.	e 18.)	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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, 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, liner XIII Supplemental Information.	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, 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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional information	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	
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, liner XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 xI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line ation.	

Schedule D (F	orm 990) 2020 I	lean Ensemble Information (continue)	Theater	 **-***4571	Page 5
Part XIII	Supplemental	Information (conti	nued)		

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
2020

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

-*4571

Name of the organization

Lean Ensemble Theater

► Go to www.irs.gov/i-orm990 for the latest information.

| Inspection | Employer identification number |

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

tachment 179

-*4571 Lean Ensemble Theater 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. 1,040,000 1 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) 2,590,000 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 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 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 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 2021. 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.) 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 1,572 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 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 2020 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 service only-see instructions) 19a 3-year property b 5-year property С 7-year property 10-year property 15-year property е 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real MM S/L 39 yrs. property MM Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,572 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

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

L. 0/30/202	Federal Statements			7,/6	9/28/2021 4:11 PM
<u>Schedule</u>	Schedule A. Part III, Line 1(e)	7			
Description				Amount	
ATAX Grants Contributions Grants Total			l	11,473 121,197 21,000 153,670	
Schedule	Schedule A. Part III. Line 2(e)				
Description				Amount	
Advertising sales General ticket sales Other Income Total			l	6,961 16 6,977	
Schedule A. Part III. Line 7a	a - Support from Disqualified Persons	squalified	Persons	iai	
Donor Name 2016	2017	2018	8	2019	0000
	2,000				2020
- C + C - C - C - C - C - C - C - C - C	, , , /-			39,	
•		\$ 21	700	39,	

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. 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:

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.

No

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 SO1(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