2026

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 2025 production of Dominique Morisseau's Tony nominated play *Skeleton Crew*. This is a good example of what Lean does as it was a regional premiere, the cast and design team had members who have recently worked on Broadway and are in the thick of the industry. The comapny also some who were still in college as well as teachers-- a perfect "Lean mix." The production also afforded us the opportunity to hold one of the most exciting off-stage events we have had for some time. The lobby of the Main Street Theater was converted into a street fair featuring booths with over a dozen black-owned local businesses. This event was achieved with the organization Blaquity and created a palpable energy which continued throughout the run of the production. It was a perfect microcosm of what Lean Ensemble Theater does best: cross-promotion with other organizations, spearheading conversation beyond what happens on stage, reflecting how the work we do tells the story of our community and thinking outside the box.

This attached 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. As our ATAX grant is for "general operations," we think this is a useful example of the ways reimbursements help us achieve our mission. This production budget was written almost 18 months prior to the actual event and you can see that we have finally a more complete understanding of what expenses will look like in the post-COVID inflammatory boom, having come in just 3% over budget.

The information in the rest of the application is based on our general operating grant from the 2025 calendar year and one can see from our financial documents that overall expenses were, as always, kept in check

It is no mystery why Lean Ensemble Theater has, over its 10 years, 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 Travelers 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, FY 22/23, FY 23/24 and FY 24/25 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 1.5% in expenses in the coming year. Our paramount objective is to increase earned revenue while keeping expenses in check. This evolution is occurring in the only way Lean Ensemble Theater knows how to operate-- responsibly, thoughtfully, purposfully, and with our community at the forefront of our plans.

2026

Accommodations Tax Funds Request Application

Date Received: 09/02/2025 Time Received: 11:41 AM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

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(s): October 2025-May

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Event Location(s): Hilton Head Prep Main Street

2026

Theatre/HHSO SoundWaves

Total Budget: \$510,000.00

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 4 Regional Premieres and a revival of one of our most storied productions to celebrate our 10th season. Additionally, it will supports an educational tour of *Twelfth Night*, offered free to local schools as well as adults with disabilities, and a new live reader's theater series beginning in December. Other expenses include theater rental & production expenses including professional salaries, stipends, advertising, telecommunications, and insurance.

How does the organization/project/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 enhances the cultural experience of Lowcountry visitors and residents. Many members of our audience travel to the island and the greater Beaufort County area specifically for our performances. We have evidence for this by utilizing Audience View/Ovation online ticketing software, which gathers zip codes with each online and telephone

purchase made, as well as a brief questionaire which ends each purchase. In the event a patron purchases via cash at the door, we note their zip code by hand at the time of purchase.

- A. Total Number of Physical Tourists Served: 816
 - 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: 688

 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: 2862

 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): 4366

How was the Number of visitors documented? (250 words or less)

Lean's online ticketing software (Audience View/Ovation) provided zip code information for all ticket sales. 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 seem to represent a plateau of growth for Lean Ensemble Theater. However, that would not be telling the entire story. Because of the limited availablilty of the Main Street Theater, we produced one production in the SoundWaves venue of the HHSO. This reduced our capacity for that production slot by 50%. In addition, that production had performances canceled due to the snow storm in January. Still we managed to run at 95% capacity for that production. We are currently in the early phases on an Ambassador Campaign to ensure that boots are constantly on the ground as we constantly see that there is no better marketing program than word of mouth. We continue to actively evolve and adjust programming based on previous reaction to increase attendance in future seasons.

As of this writing, subscription sales, which began in May of 2025, are running 6.5% ahead of this time last season, even as performing arts subscription sales continue to decline 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 9 seasons, Lean has staged forty productions, ten with four performances and thirty with eight. During COVID, we produced an online talkshow and 4 virtual performances. Lean's 2025/2026 season, which runs from October through May, and will will offer seven live events. The season consists of 4 regional premieres, a revival of one of our most celebrated productions to celebrate our 10th season, a presention of *Twelfth Night* offered free of charge to local schools and adults with disabilities, and a new readers theater series which will commence in December.

As an integral part of our mission, Lean has an educational focus. Lean will continue 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 *Twelfth Night*. Our new readers theater will also provide students the opportunity to work along side professionals and perform in front of a live audience in a situation similar to reading that occur in national festivals.

The staff includes 2 full time and 3 part time team members.

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's paramount objective in the coming season is to increase attendance at all our upcoming events-- our mainstage series, our readers theater series, our educational performances as well as classroom events (the readers series and educational programs are both coordinated by our newly promoted Associate Artistic Director) and our 10th anniversary celebration. Lean has shown its staying power as evidenced by 10 years of being the Lowcountry's home for theater that cannot be seen elsewhere, coupled with undeniable fiscal responsibility. This in spite of increasingly challenging and limited performance venues.

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 completely cast and staffed and, as always, 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 an additional fundraising event(s) and donor drives, as well as the possibility of cutting back on programming and our already overworked and underpaid staff.

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. As we continue driving tourism during the "off season," the coming year will teach us if our sales plateau over the last 2 seasons is the new norm or a programming/marketing issue that can be overcome. Our drive remains "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.	35	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	65	%
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 on Hilton Head Island. A donor event will be held at the Art League of HHI, our presentation of *Twelfth Night* and our 10th Anniversary celebration production *Every Brilliant Thing*, will be held at HHSO's SoundWaves.

Lean's Artistic/Executive Director will be serving on the board of the Hilton Head Symphony Orchestra and will also be a part of an Orchestra series concert in February and Lean's AD and AAD with both direct 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 *Twelfth Night* 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, Sun City Community Theatre, the Mitchelville Freedom Park, Arts Center of Coastal Carolina, Junior Jazz Foundation 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)

Celebrating 10 years, Lean Ensemble Theater is now a mainstay of the Lowcountry's arts community. 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 Spring with our production of the regional premiere of *The White Chip* featuring a panel discussion with playwright Sean Daniels, producer of the off-broadway production Aaron Glick and the founders of Spirit of Sebastian, whose mission is to empower communities through awareness, proactive prevention, and comprehensive rehabilitation for substance abuse and alcoholism.

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.

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, most of which have never been seen on Hilton Head. These are plays with critical and commercial acclaim, plays that will make you think, plays that will make you laugh and plays that will make you look at the world in a different way.

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1. Please describe how the organization is currently funded. (100 words	or less
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We are funded through ticket sales (both subscriptions and single tickets), private donations, business and corporate support as well as government grants.

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

11	Government Sources	56	Private Contributions, Donations and Grants
1	Corporate Support, Sponsors		Membership, Dues, Subscriptions
32	Ticket Sales, or Sales and Services		Other

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

Yes ___ No _**X**_

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

1. The upcoming fiscal year's **operating budget** for the organization.

Budget Provided: Yes

2. The previous two fiscal years and current year-to-date profit and loss reports for the

organization.

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2023/24- Previous FY 2 2024/25- Previous FY 1

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 1

2024 - Previous FY 1

2025 - Previous FY 1

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

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 has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
 - Utilize and follow organization's own procurement guidelines
 - Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	\$50,000.00	Lean Ensemble Theater Productions
2024	\$50,000.00	Lean Ensemble Theater Productions
2025	\$55,000.00	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 two full productions at the HH Prep Main Street Theatre: *Skeleton Crew* and *Master Class* and one at HHSO's Sound Waves, *Summer, 1976.* Due to some space and weather-related circumstances beyond our control, we saw a plateau in our attendance. However, that did not stop our great achievement in concert with these productions. For our production of *Skeleton Crew,* for example, the lobby of the Main Street Theater was converted into a street fair featuring booths with over a dozen black-owned, local businesses. This event was achieved with the organization Blaquity and created a palpable energy that continued throughout the run of the production. We are proud of what we accomplished, and see more clearly than ever the work that needs to be done.

Subscriptions for 2025/26 are on a trajectory for a fifth straight year of growth. To ensure we meet our upcoming goals we will continue to increase our marketing campaign, continuing a contract with Spectrum/Comcast Cable and Sleeves Up Productions to produce the commercials that aired from Savannah to Beaufort, as well as a new contract with WHHI. And further, our new Ambassador campaign will work to ensure that we have the most vital marketing-- word of mouth.

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

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 (2025 became the seventh 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. The plateau in attendance we have seen in the last 2 years has created a renewed energy to increase ticket sales. One can see the passionate

belief our audience has in us by seeing our rate of private donations. Therefore, box office is our mission in the current season and a minimum 5% increase is our goal.

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. Our new Amabassador program, spearheaded by the board of directors, will also help gather a considerable amount of information and varying points of view as we go about reaching for our goal of increased sales in the coming season.

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 you create 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 2025 production of Dominique Morisseau's Tony nominated play *Skeleton Crew*. This is a good example of what Lean does as it was a regional premiere, the cast and design team had members who have recently worked on Broadway and are in the thick of the industry. The comapny also some who were still in college as well as teachers-- a perfect "Lean mix." The production also afforded us the opportunity to hold one of the most exciting off-stage events we have had for some time. The lobby of the Main Street Theater was converted into a street fair featuring booths with over a dozen black-owned local businesses. This event was achieved with the organization Blaquity and created a palpable energy which continued throughout the run of the production. It was a perfect microcosm of what Lean Ensemble Theater does best: cross-promotion with other organizations, spearheading conversation beyond what happens on stage, reflecting how the work we do tells the story of our community and thinking outside the box.

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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, SKELETON CREW

Budget vs Actuals, March 2025

	BUDGET	ACTUAL
EQUITY	\$11000	\$7932
NON-EQUITY	\$3600	\$4040
DIRECTOR	\$2000	\$2000
STAGE MANAGEMENT	\$4000	\$2050 contract + balance salaried=\$4000
SCENIC DESIGNER	\$1000	\$1000
LIGHTING DESIGNER	\$1000	\$1000
COSTUME DESIGNER	\$1000	\$1000
SOUND DESIGNER	\$750	\$500
HOUSING	\$9000	\$11954
TRAVEL	\$4000	\$4734
ROYALTIES	\$2000	\$3226
RENT	\$8500	\$8500
MARKETING	\$5500	\$4552*
SCENIC/LIGHTING MATERIAL	. \$1750	\$1899
COSTUMES/WIGS	\$1000	\$1550
PROPS	\$500	\$498
PROGRAM	\$2000	\$1688
INNER CIRCLE	\$500	\$33
MISC	\$900	\$1661
TOTAL	\$60,000	\$61807

^{*}approximate, awaiting final invoices

LEAN ENSEMBLE THEATER A SOUTH CAROLINA NON-PROFIT CORPORATION

RESOLUTION

At a meeting of the Board of Directors of Lean Ensemble Theater held on Saturday, May 24, 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 1st day of June 2025.

Kathryn Silver, Secretary

Rathy Liber

LEAN ENSEMBLE THEATER FY 2025/26 BUDGET

OVERALL REVENUE \$515,000

PRODUCTION REVENUE

TOTAL \$185,000

CONTRIBUTIONS

INDIVIDUAL GIVING \$200,000

BUSINESS EARNING

AD SALES \$4,000
CORPORATE SPONSORSHIP \$4,000
INTEREST \$8,500
SUBTOTAL \$16,500

GRANTS

HHI ATAX \$55,000
GAYLORD DONNELLY \$10,000
SHUBERT \$20,000
CFLC \$5,000
COASTAL COMMUNITY \$3000
BARGAIN BOX \$4,500
SUBTOTAL \$97,500

10TH ANNIVERSARY GALA

\$16,500**+**

*While we do not know the details of the fundraising event to be held in the 2025/26 budget year, \$16,500 is being included in revenue which represents the NET amount projected to be raised. The fundraising committee will submit a more detailed budget to the board (sometime in the new fiscal year) for the event when they have details. Expenses and revenue will be recorded as incurred and measured against this approved NET budget amount.

OVERALL EXPENSES \$510,000

SALARIES

ARTISTIC/EXECUTIVE DIRECTOR	\$68,750
ADMINISTRATIVE COORDINATOR	\$34,250
ASSOCIATE ARTISTIC DIRECTOR	\$23,000
TECHNICAL DIRECTOR	\$14,500
PART TIME CONTRACTUAL HELP	\$10,000
PAYROLL TAXES	\$27,500

SUBTOTAL \$178,000

GENERAL EXPENSES

QUICKBOOKS \$2,500 **TELECOMM** \$5,000 SQUARESPACE/WEBSITE \$250 INSURANCE \$1,400 POSTAGE \$400 **TICKETING** \$15,000 \$750 **DONOR GIFTS MEMBERSHIPS** \$1,000 **OFFICE EXPENSES** \$5,000 **ACCOUNTING FEES** \$5,000 PROFESSIONAL DEVELOPMENT \$4,500 RENT \$14,500 \$1200 MISCELLANEOUS \$56,500 **SUBTOTAL**

ARTISTIC EXPENSES

EQUITY	\$50,000
NON-EQUITY	\$0
DIRECTOR	\$10,000
STAGE MANAGER	\$12,500
SCENIC DESIGNER	\$4,000
LIGHTING DESIGNER	\$5,000
COSTUME DESIGNER	\$5,000
SOUND DESIGNER	\$3,500
PROJECTIONIST	\$0
MUSIC DIRECTOR	\$0
SUBTOTAL	\$90.000

PRODUCTION EXPENSES

HOUSING	\$28,000
TRAVEL	\$15,500
ROYALTIES	\$15,500
RENT	\$40,500
PROGRAM	\$10,000
MATERIALS	\$15,000
FILMING	\$0
INNER CIRCLE	\$2,500
PRODUCTION ADVERTISING	\$27,500
CAR RENTALS	\$3,500
MISCELLANEOUS	\$4,000
SUBTOTAL	\$ <u>162,000</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

LEAN ENSEMBLE THEATER

July 1-August 12, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
DONATIONS	0
Individual*	0
Individual	14,104.22
Total for Individual*	\$14,104.22
Total for DONATIONS	\$14,104.22
FEBRUARY EVENT FUNDRAISER	500.00
Total for Income	\$14,604.22
Cost of Goods Sold	
Gross Profit	\$14,604.22
Expenses	
DEVELOPMENT	0
Meals and Entertainment Total for DEVELOPMENT	445.03 \$445.03
GENERAL AND ADMINISTRATIVE EXPENSES	0
Dues & Subscriptions	1,009.99 230.34
Office Expense & Supplies Professional Development	230.34 552.27
Quickbooks	369.80
Rent	1,177.58
Telephone, Telecommunications	515.41
Wages	0
Cost of Labor	16,000.01
Fica Tax	1,224.01
Total for Wages	\$17,224.02
Total for GENERAL AND ADMINISTRATIVE EXPENSES	\$21,079.41
MARKETING EXPENSE	0
PR	809.44
Website	292.56
Total for MARKETING EXPENSE	\$1,102.00
PRODUCTION EXPENSES	0
Cast Meals	90.00
Travel & Per Diem	715.37
Total for PRODUCTION EXPENSES	\$805.37
TICKETING	0
Fees	604.70

LEAN ENSEMBLE THEATER

July 1-August 12, 2025

DISTRIBUTION ACCOUNT	TOTAL
Merchant Fees	726.98
Total for TICKETING	\$1,331.68
Total for Expenses	\$24,763.49
Net Operating Income	-\$10,159.27
Other Income	
Interest Earned	1,013.84
Total for Other Income	\$1,013.84
Other Expenses	
Net Other Income	\$1,013.84
Net Income	-\$9,145.43

LEAN ENSEMBLE THEATER

As of August 12, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	59,236.48
Fidelity Money Market	59,064.39
Total for Bank Accounts	\$118,300.87
Accounts Receivable	
Other Current Assets	
Prepaid Expenses	6,261.32
Total for Other Current Assets	\$6,261.32
Total for Current Assets	\$124,562.19
Fixed Assets	
Accumulated Depreciation	-7,254.31
Computer Equipment	941.57
Furniture and Equipment	11,000.00
Total for Fixed Assets	\$4,687.26
Other Assets	
Lease Deposit	3,202.50
Operating Reserve	202,313.86
Total for Other Assets	\$205,516.36
Total for Assets	\$334,765.81
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Credit Cards	
Other Current Liabilities	
Direct Deposit Liabilities	
Direct Deposit Payable	
Federal Withholding	1,181.57
Futa Tax Payable	
Prepaid Ad Sales	
Prepaid Flex Passes	10,030.00
Prepaid General Tickets	
Prepaid Subscriptions	32,400.00
SBA/PPP Loan	0.45
State Withholding	215.79
Suta Tax Payable Total for Other Current Liabilities	A40.007.00
lotal for Other Current Liabilities	\$43,827.36

LEAN ENSEMBLE THEATER

As of August 12, 2025

otal for Liabilities and Equity	\$334,765.81
Total for Equity	\$290,938.45
Net Income	-9,145.43
Unrestricted Net Assets	300,083.88
Equity	
Total for Liabilities	\$43,827.36
Long-term Liabilities	
DISTRIBUTION ACCOUNT	TOTAL

LEAN ENSEMBLE THEATER

As of June 30, 2025

67,838.09 58,862.49 \$126,700.58 6,261.32 \$6,261.32
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8,466.00 28,700.00

LEAN ENSEMBLE THEATER

As of June 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Long-term Liabilities	
Total for Liabilities	\$40,075.10
Equity	
Unrestricted Net Assets	244,339.90
Net Income	55,743.98
Total for Equity	\$300,083.88
Total for Liabilities and Equity	\$340,158.98

LEAN ENSEMBLE THEATER

DISTRIBUTION ACCOUNT	TOTAL
Income	
DONATIONS	0
Government	0
HHI ATAX	55,000.00
Total for Government	\$55,000.00
Grants and Foundations	0
Bargain Box	4,000.00
CFLC grant	1,000.00
Coastal Community Foundation	2,500.00
Donnelley Foundation	10,000.00
Shubert	20,000.00
Total for Grants and Foundations	\$37,500.00
Individual*	0
Individual	251,026.59
Total for Individual*	\$251,026.59
Total for DONATIONS	\$343,526.59
EDUCATION	0
Fundraiser	4,670.00
Total for EDUCATION	\$4,670.00
MARKETING	0
Advertising Sales	3,300.00
Total for MARKETING	\$3,300.00
PRODUCTION INCOME	0
Flex Passes	12,404.00
General Ticket Sales	115,882.00
Series Subscriptions	38,160.00
Total for PRODUCTION INCOME	\$166,446.00
Total for Income	\$517,942.59
Cost of Goods Sold	
Gross Profit	\$517,942.59
Expenses	
DEVELOPMENT	0
Gifts	3,715.91
Meals and Entertainment	2,242.92
Season Events	600.00
Total for DEVELOPMENT	\$6,558.83

LEAN ENSEMBLE THEATER

MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	DISTRIBUTION ACCOUNT	TOTAL
Total for EDUCATION EXPENSES \$2,000.00 Film/Editing 1,500.00 GENERAL AND ADMINISTRATIVE EXPENSES 4,900.00 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.76 Pordessional Development 4,129.19 Quickbooks 2,202.95 Rent 5,114.31 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 10,515.33 Fica Tax 10,515.33 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 Program 8,509.17 Website 3,270.02 Cast Meals 3,270.02 Cast Meals 3,270.02 Cast Meals 3,270.02 Cast Meals	EDUCATION EXPENSES	0
Film/Editing	School Programs	2,000.00
GENERAL AND ADMINISTRATIVE EXPENSES 0 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 50,265.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$147,977.44 Program 6 Program 8,209.19 Website 5,296.44 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 4,674.20 Housing 36,765.20 Inner Circle/Concession	Total for EDUCATION EXPENSES	\$2,000.00
GENERAL AND ADMINISTRATIVE EXPENSES 0 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 50,265.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$147,977.44 Program 6 Program 8,209.19 Website 5,296.44 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 4,674.20 Housing 36,765.20 Inner Circle/Concession	Film/Editing	1,500.00
Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 10 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES 88,09.55 MARKETING EXPENSE 28,019.18 Priogram 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$4,6407.12 Cast Meals 3,710.2 Costumes & Props 4,838.07 Guip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/	-	
Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 10 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for Wages \$147,977.44 PR 28,019.18 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Guip Rental and Maintenance 4,838.07 Housing 36,765.20	Accounting Fees	4,900.00
Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Malling Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.38 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$42,400.64 Car Rentals 3,270.02 Cast Meals 3,310.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 636,765.20 Inner Circle/Concession Supplies 77.56	-	930.00
Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$42,420.64 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Insurance - Liability, D and O	2,383.00
Permitis & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 30,765.20 Inner Circle/Concession Supplies 77.56	Meals & Entertainment	551.92
Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 PRODUCTION EXPENSE \$42,40.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Office Expense & Supplies	5,026.06
Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Cost mees & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Permits & Licenses	51.85
Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Postage, Mailing Service	625.70
Rent 15,137.00 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 48,383.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Professional Development	4,129.19
Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Program 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Quickbooks	2,202.95
Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Rent	15,137.09
Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Telephone, Telecommunications	5,114.31
Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Wages	0
Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Cost of Labor	137,461.61
Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Fica Tax	10,515.83
MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for Wages	\$147,977.44
PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for GENERAL AND ADMINISTRATIVE EXPENSES	\$189,029.51
PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	MARKETING EXPENSE	0
Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		28,019.18
Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Printing and Copying	
Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		8,509.17
PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Website	5,269.64
Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for MARKETING EXPENSE	\$42,420.64
Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	PRODUCTION EXPENSES	-\$6,407.12
Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		
Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Cast Meals	
Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Costumes & Props	
Housing 36,765.20 Inner Circle/Concession Supplies 77.56	·	
Inner Circle/Concession Supplies 77.56		36,765.20
Outside Contract Services 3,152.50	Inner Circle/Concession Supplies	77.56
	Outside Contract Services	3,152.50

LEAN ENSEMBLE THEATER

DISTRIBUTION ACCOUNT	TOTAL
Payroll Expenditure*	0
Actors	53,759.40
Costume Designer	4,500.00
Director	8,500.00
Director Benefits	1,325.00
Lighting Designer	4,000.00
Scenery Designer	3,200.00
Sound Designer	3,000.00
Stage Manager	2,050.00
Total for Payroll Expenditure*	\$80,334.40
Printing and Copying	223.15
Rent	39,300.00
Royalties	13,680.95
Scenic/Lighting Materials	7,393.20
Travel & Per Diem	25,547.63
Total for PRODUCTION EXPENSES	\$211,980.58
Tax	-7.09
TICKETING	0
Fees	11,734.02
Merchant Fees	8,162.22
Total for TICKETING	\$19,896.24
Total for Expenses	\$473,378.71
Net Operating Income	\$44,563.88
Other Income	
Interest Earned	11,180.10
Total for Other Income	\$11,180.10
Other Expenses	****
Net Other Income	\$11,180.10
Net Income	\$55,743.98

LEAN ENSEMBLE THEATER

DISTRIBUTION ACCOUNT	TOTAL
Income	
DONATIONS	0
Government	0
HHI ATAX	55,000.00
Total for Government	\$55,000.00
Grants and Foundations	0
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Coastal Community Foundation	2,500.00
Donnelley Foundation	10,000.00
Shubert	20,000.00
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Individual*	0
Individual	251,026.59
Total for Individual*	\$251,026.59
Total for DONATIONS	\$343,526.59
EDUCATION	0
Fundraiser	4,670.00
Total for EDUCATION	\$4,670.00
MARKETING	0
Advertising Sales	3,300.00
Total for MARKETING	\$3,300.00
PRODUCTION INCOME	0
Flex Passes	12,404.00
General Ticket Sales	115,882.00
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Cost of Goods Sold	
Gross Profit	\$517,942.59
Expenses	
DEVELOPMENT	0
Gifts	3,715.91
Meals and Entertainment	2,242.92
Season Events	600.00
Total for DEVELOPMENT	\$6,558.83

LEAN ENSEMBLE THEATER

MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	DISTRIBUTION ACCOUNT	TOTAL
Total for EDUCATION EXPENSES \$2,000.00 Film/Editing 1,500.00 GENERAL AND ADMINISTRATIVE EXPENSES 4,900.00 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.76 Pordessional Development 4,129.19 Quickbooks 2,202.95 Rent 5,114.31 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 10,515.33 Fica Tax 10,515.33 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 Program 8,509.17 Website 3,270.02 Cast Meals 3,270.02 Cast Meals 3,270.02 Cast Meals 3,270.02 Cast Meals	EDUCATION EXPENSES	0
Film/Editing	School Programs	2,000.00
GENERAL AND ADMINISTRATIVE EXPENSES 0 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 50,265.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$147,977.44 Program 6 Program 8,209.19 Website 5,296.44 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 4,674.20 Housing 36,765.20 Inner Circle/Concession	Total for EDUCATION EXPENSES	\$2,000.00
GENERAL AND ADMINISTRATIVE EXPENSES 0 Accounting Fees 4,900.00 Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 50,265.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$147,977.44 Program 6 Program 8,209.19 Website 5,296.44 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 4,674.20 Housing 36,765.20 Inner Circle/Concession	Film/Editing	1,500.00
Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 10 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES 88,09.55 MARKETING EXPENSE 28,019.18 Priogram 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$4,6407.12 Cast Meals 3,710.2 Costumes & Props 4,838.07 Guip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/	-	
Dues & Subscriptions 930.00 Insurance - Liability, D and O 2,383.00 Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 10 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for Wages \$147,977.44 PR 28,019.18 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$6,407.12 Cast Meals 3,131.02 Costumes & Props 4,838.07 Guip Rental and Maintenance 4,838.07 Housing 36,765.20	Accounting Fees	4,900.00
Meals & Entertainment 551.92 Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Malling Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.38 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$42,400.64 Car Rentals 3,270.02 Cast Meals 3,310.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 636,765.20 Inner Circle/Concession Supplies 77.56	-	930.00
Office Expense & Supplies 5,026.06 Permits & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$42,420.64 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Insurance - Liability, D and O	2,383.00
Permitis & Licenses 51.85 Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,400.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 30,765.20 Inner Circle/Concession Supplies 77.56	Meals & Entertainment	551.92
Postage, Mailing Service 625.70 Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 PRODUCTION EXPENSE \$42,40.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Office Expense & Supplies	5,026.06
Professional Development 4,129.19 Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Cost mees & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Permits & Licenses	51.85
Quickbooks 2,202.95 Rent 15,137.09 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Postage, Mailing Service	625.70
Rent 15,137.00 Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 48,383.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Professional Development	4,129.19
Telephone, Telecommunications 5,114.31 Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Program 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Quickbooks	2,202.95
Wages 0 Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Rent	15,137.09
Cost of Labor 137,461.61 Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Telephone, Telecommunications	5,114.31
Fica Tax 10,515.83 Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Wages	0
Total for Wages \$147,977.44 Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Cost of Labor	137,461.61
Total for GENERAL AND ADMINISTRATIVE EXPENSES \$189,029.51 MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Fica Tax	10,515.83
MARKETING EXPENSE 0 PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES \$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for Wages	\$147,977.44
PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for GENERAL AND ADMINISTRATIVE EXPENSES	\$189,029.51
PR 28,019.18 Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	MARKETING EXPENSE	0
Printing and Copying 622.65 Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		28,019.18
Program 8,509.17 Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Printing and Copying	
Website 5,269.64 Total for MARKETING EXPENSE \$42,420.64 PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		8,509.17
PRODUCTION EXPENSES -\$6,407.12 Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Website	5,269.64
Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Total for MARKETING EXPENSE	\$42,420.64
Car Rentals 3,270.02 Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	PRODUCTION EXPENSES	-\$6,407.12
Cast Meals 3,131.02 Costumes & Props 4,838.07 Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56		
Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Cast Meals	
Equip Rental and Maintenance 674.00 Housing 36,765.20 Inner Circle/Concession Supplies 77.56	Costumes & Props	
Housing 36,765.20 Inner Circle/Concession Supplies 77.56	·	
Inner Circle/Concession Supplies 77.56		36,765.20
Outside Contract Services 3,152.50	Inner Circle/Concession Supplies	77.56
	Outside Contract Services	3,152.50

LEAN ENSEMBLE THEATER

DISTRIBUTION ACCOUNT	TOTAL
Payroll Expenditure*	0
Actors	53,759.40
Costume Designer	4,500.00
Director	8,500.00
Director Benefits	1,325.00
Lighting Designer	4,000.00
Scenery Designer	3,200.00
Sound Designer	3,000.00
Stage Manager	2,050.00
Total for Payroll Expenditure*	\$80,334.40
Printing and Copying	223.15
Rent	39,300.00
Royalties	13,680.95
Scenic/Lighting Materials	7,393.20
Travel & Per Diem	25,547.63
Total for PRODUCTION EXPENSES	\$211,980.58
Tax	-7.09
TICKETING	0
Fees	11,734.02
Merchant Fees	8,162.22
Total for TICKETING	\$19,896.24
Total for Expenses	\$473,378.71
Net Operating Income	\$44,563.88
Other Income	
Interest Earned	11,180.10
Total for Other Income	\$11,180.10
Other Expenses	****
Net Other Income	\$11,180.10
Net Income	\$55,743.98

Statement of Financial Position

As of June 30, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BB&T Checking, 0005224648296	40,482.41
Fidelity Money Market	79,532.50
Total Bank Accounts	\$120,014.91
Other Current Assets	
Prepaid Expenses	3,887.98
Total Other Current Assets	\$3,887.98
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	
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	
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 Liabilities	\$35,128.24

Statement of Financial Position

As of June 30, 2024

	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 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
2,020.00
5 234 20
5,234.20 47,736.78 423.71

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
otal Expenditures	\$504,806.68
IET OPERATING REVENUE	\$ -18,618.02
Other Revenue	
Interest Earned	8,195.55
otal Other Revenue	\$8,195.55
IET OTHER REVENUE	\$8,195.55
IET REVENUE	\$ -10,422.47

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

Date: NOV 20 2015

LEAN ENSEMBLE THEATER PO BOX 23214

HILTON HEAD, SC 29925-3214

Employer Identification Number: 47-2994571
DLN: 17053222339045
Contact Person:

MR. DAVIS
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 13, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

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

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for SO1(c)(3) Public h&Fities, which describes your recordkeeping, reporting, and disclosure t?eiremenes.

Sincerely,

Jeffrey I. Cooper

Director, Exempt

Organizations

Rulings and

Agreements

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

September 1, 2024

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.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. Please 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.

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

September 1, 2024

CONFIDENTIAL

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

Dear Blake:

We have prepared the enclosed returns from information provided by you, which was audited through a financial statement audit of the Foundation's financial records.

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

2022 & 2023 07/01/23 06/30/24 For calendar year 2023, or tax year beginning ending

Taxpayer Identification Number Name

Ι	Lean Ensemble Theater			47-	-2994571
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	214,078	219,50	2 5,424
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	53,950	53,00	0 -950
n e	4. Program service revenue	4.	186,354	181,27	1 -5,083
e n ı	5. Investment income	5.		8,22	3 8,223
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.		32,41	6 32,416
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	454,382	494,41	2 40,030
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.	62,000	63,62	
S	16: Calarics, other compensation, and employee benefits	16.	123,271	146,79	5 23,524
ē	· · · · · · · · · · · · · · · · · · ·	17.			
х О	18. Other professional fees	18.	4,722	5,01	
	10. Coodpaney, ront, dillico, and maintenance	19.	38,610	53 , 87	
	20. Depreciation and Depletion	20.	1,760	2,13	
	21. Other expenses	21.	215,470	235,55	
	22. Total expenses. Add lines 13 through 21	22.	445,833	506,99	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	8,549	-12,57	
	24. Total exempt revenue	24.	454,382	494,41	2 40,030
	25. Total unrelated revenue	25.			
tion	26. Total excludable revenue	26.	186,354	189,49	
ma	27. Total assets	27.	296,909	281,55	
₫	28. Total liabilities	28.	37,906	35,12	
_	Totalina carrings	29.	259,003	246,42	4 -12,579
7	30. Number of voting members of governing body	30.	12	13	
0	31. Number of independent voting members of governing body	31.	11	12	
	32. Number of employees	32.	3	5	
	33. Number of volunteers	33.	44	50	

Form 990 Tax Return History 2023

Name
Lean Ensemble Theater

Employer Identification Number 47-2994571

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	225,299	153,670	389,335	268,028	272,502	
Membership dues						
Program service revenue	88,437	6,977	93,173	186,354	181,271	
Capital gain or loss						
Investment income					8,223	
Fundraising revenue (income/loss)					32,416	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	313,736	160,647	482,508	454,382	494,412	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	48,000		62,000	62,000	63,625	
Other compensation	85,653	96,898	99,476	123,271	146,795	
Professional fees	5,623	4,300	4,500	4,722	5,016	
Occupancy costs	34,110	12,810	31,836	38,610	53,873	
Depreciation and depletion	1,571	1,572	1,697	1,760	2,130	
Other expenses	114,512	42,325	199,963	215,470	235,552	
Total expenses	289,469	157,905	399,472	445,833	506,991	
Excess or (Deficit)	24,267	2,742	83,036	8,549	-12,579	
Total exempt revenue	313,736	160,647	482,508	454,382	494,412	
Total unrelated revenue	020,.00	200,027	102,000	101,001		
Total excludable revenue	88,437	6,977	93,173	186,354	189,494	
Total Assets		210,549	290,204	296,909	281,552	
Total Liabilities	19,443	37,529	34,148	37,906	35,128	
Net Fund Balances	170,278	173,020	256,056	259,003	246,424	

Filing Instructions

Lean Ensemble Theater

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due: November 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 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

6/30_{.20} 24 7/01 , 2023, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

For calendar year 2023, or fiscal year beginning

2023

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. 494,412 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a Form 990 check here 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 V, 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 **b** Tax due (Form 5330, Part II, line 19) 9b 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 an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2023 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. _____ to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2023 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 2023 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. Date Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57507812345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Patrick P. Carey, Jr., CPA ERO's signature ERO Must Retain This Form — See Instructions

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

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 2023 Open to Public

Department of the Treasury

Inter	nal Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection
<u>A</u>	For th	e 2023 c	alendar year, or tax year beginning $07/01/23$, and ending $06/30/24$	_			
В	Check if a	applicable:	C Name of organization	D En	nployer	identific	ation number
	Address of	change	Lean Ensemble Theater				
一			Doing business as	147	7-29	9945	71
닏	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Te	lephone	number	
	Initial retu	urn	32 Office Park Road, Suite 102	84	<u> 13-'</u>	<u> 715-</u>	6676
	Final retu		City or town, state or province, country, and ZIP or foreign postal code				
H	terminated		Hilton Head Island SC 29928	G Gr	oss rece	eipts\$	507,562
Ш	Amended	return	F Name and address of principal officer:				
	Application	n pending	Blake White	group retu	urn for s	ubordinate	s? Yes X No
			32 Office Park Road, Suite 102 H(b) Are all s	ubordina	tes inclu	uded?	Yes No
			-			See instr	uctions
_							
<u>'</u>		mpt status:					
J	Website		ww.leanensemble.org H(c) Group es				9.0
		organization:	X Corporation Trust Association Other L Year of formation:	70T2)	M State	of legal domicile: SC
F	Part I		mmary				
	1 1	Briefly des	scribe the organization's mission or most significant activities:				
ø		Lean	Ensemble Theater embraces theater's vibrant relevance thro	ough	di	verse	∍,
and		enser	mble based programming which compels thought, sparks emotion	on a	nd		
e.		insp	ires dialogue.				
Governance	2 (Check this	s box if the organization discontinued its operations or disposed of more than 25% of its net ass	ets.			
	3 1		f voting members of the governing body (Part VI, line 1a)		3	13	
≪ თ	1 4	Number o	f independent voting members of the governing body (Part VI, line 1b)	· · · ·	4	12	
Activities	📜	Total num	thereof individuals employed in colonder year 2022 (Part V. line 20)	· · · ·	5	5	
Ę			ber of individuals employed in calendar year 2023 (Part V, line 2a)	· · · · -	3	50	
Ä			aber of volunteers (estimate if necessary)		-	50	
			elated business revenue from Part VIII, column (C), line 12	-	7a		0
	b l	Net unrela	ated business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b		0
	1		Prior Y		20		Current Year
ē				268,028 186,354			272,502
Revenue				36,3	54		181,271
ě	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)				8,223
	11 (Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				32,416
	12	Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,3	82	494,412	
	13 (Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)				0
"				185,271			210,420
enses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)				0
ber	L ·	Total fund	draising expenses (Part IX, column (D), line 25) 10,521				
Α̈́	17 (Other eve		50,5	62		296,571
				15,8			506,991
				8,5			-12,579
9	3 19 1	Revenue	less expenses. Subtract line 18 from line 12 Beginning of C				End of Year
Net Assets or	a 20 .	Total asse		6,9	$\overline{}$		281,552
ASSE	20	Total liabi		37 , 9			35,128
let /	2 2 1	Not seed		59,0			246,424
			•	19,0	03		210,121
	Part II		nature Block				
			erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		my kn	owledge	and belief, it is
	ue, corre	ect, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ige.			
Sig	gn	Signature			Date		
He	ere	Blak	te White Executive Directo	r			
		Type or pr	int name and title				
		Print/Type	preparer's name Preparer's signature Date		Check	if	PTIN
Pai	id	Patric	R P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em	oloyed	P00033247
Pre	eparer	Firm's nan	Conserve C. Commonwell D. 3	Firm's E			-0927046
Use	e Only	nan	70 Main Street, Suite 100	2			
	•	Firm !	Hilton Head Island SC 29926	Dham		843	-681-4430

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

No

X Yes

	Statement of Dragram Souries Accomplishments	1 age 2
Pa	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>^</u>
	Briefly describe the organization's mission:	
	Lean Ensemble Theater embraces theater's vibrant relevance thro	
е	ensemble based programming which compels thought, sparks emotion	on and
i	inspires dialogue.	
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ?	Tes A No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	····· — —
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
I	Lean Ensemble Theater is a professional performing arts based	company
	founded in 2015. In the 2023/2024 season the Theater produced 5	
	addition, the Theater provided education and community outreach	
τ	throughout the course of the season, which were provided free	or charge.
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
	N/A	
	× 	
	· · · · · · · · · · · · · · · · · · ·	
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	V/A	
	× 	
	······	
	<u> </u>	
	•	
	•	
	······	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 438,431 including grants of \$) (Revenue \$	\

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,"		٠,,	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
,	and the transfer make the office of the first of the state of the stat	3		х
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			37
	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,"	11a	x	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	<u> </u>	
b	of the total asserts and and the Bort V. Free 400 W. West II asserted to Ochook to D. Bort VIII.	11b		х
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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		Х
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			37
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	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	''		
. •	Dort VIII lines 10 and 000 If "Vos " complete Cabadula C. Dort II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u></u>	
-	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			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

	onestine of residues (continues)		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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 21
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%			v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes" complete Schedule I Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			21
-	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
30	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30		
	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 1a 34			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	1	X

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	5				
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	0		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- T				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	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	nts (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	tion?		5b		Х	
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	е					
	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					
	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					
	and services provided to the payor?			7a			
b				7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S					
	required to file Form 8282?			7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g			
g	· · · · · · · · · · · · · · · · · · ·						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-					
_	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.			0-			
a				9a			
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b			
10	· · · · · ·	100					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-			
b 11		100		-			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a					
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources	ıια		-			
	against amounts due or respired from them	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	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	le the experientian licensed to issue qualified 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 experientian receive any neumants for indeer tenning comings during the tay year?			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or				
	excess parachute payment(s) during the year?			15		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		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form 990 (2023) Lean Ensemble Theater 47-2994571 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 12 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 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 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," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х 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? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18

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

- (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.

Blake White

32 Office Park Road, Suite 102

Hilton Head Island

SC 29928

843-715-6676

Form 990 (2023) Lean Ensemble Theater

47	-29	99	45	71	

Page 7

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

(A) Name and title	(B) Average hours per week	box	x, unle	ess pe	ition more rson i	than one is both an or/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	Former Highest compensated employee	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			0	0	0
(2) Cathy Nairne	2.00								
Vice President	0.00	. x		x			0	0	0
(3) Lauri Mitchell	0.00	┢		^			1	0	0
(3) Lauri Miccheri	2.00								
Treasurer	0.00	X		x			0	0	0
(4) Katie McKee Silv	ver	1							
.,	2.00								
Secretary	0.00	X		x			0	0	0
(5) Joe Maguire									
	2.00								
Member	0.00	X		X			0	0	0
(6) Randie Wolfe									
	2.00	.					_	_	_
Member	0.00	X					0	0	0
(7) Tim Ridge									
<u></u>	2.00	.							
Member	0.00	X					0	0	0
(8) Charles Russ	2 00								
Member	2.00	x					0	0	0
(9) Gloria Holmes	0.00	 ^						0	<u> </u>
(9) GIOLIA HOLLIES	2.00								
Member	0.00	X					0	0	0
(10) Janice McKelvey	0.00	12						<u> </u>	
(iii) Calling Figure 1	2.00								
Member	0.00	X					0	0	0
(11) Cindy Thompson		†							
· / =	2.00								
Member	0.00	X					0	0	0
	•			•			•		Form 990 (2023)

(12)	Part	VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
(12) 2,00 X 0 0 0 0 0 (13) Blake White (13) 40,00 X X X 63,625 0 0 0 (14) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19			Average hours per week (list any hours for related organizations below	of Individual or directo	ficer a	Pos check ess pe ind a	more erson i	s both or/trust	an ee)	Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensation from related organizations (W-2/ 1099-MISC/	or	of other of other compensation the ganization	er ation ne n and	6
(13) Blake White (13) 40.00 X X X 63,625 0 0 0 (14) (14) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(12) (12)		2.00												
(16) (17) (18) (19) (19) (19) (19) (19) (10)	(13) (13)	Blake White	40.00			x					-				
(15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (11) (10) (11) (11) (11) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (10)	(14)														
(18) 1b Subtotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O 2 Did the organization list any former officor, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Rame and troiness address Description of services Compensation	(15)														
(18) 1b Subtotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of semployee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a; sit he sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual set on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and exhibits addition of the calendar year ending with or within the organization's tax year. Name and exhibits addition of the calendar year ending with or within the organization's compensation or the calendar year ending with or within the organization's compensation or the calendar year ending with or within the organization's compensation or the calendar year ending with or within the organization's compensation or the calendar year ending with or within the organization's compensation or services.	(16)														
to Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization signature than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and biosinuss address Description of services Compensation	(17)														
1b Subtotal 63,625 c Total from continuation sheets to Part VII, Section A 67,625 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0	(18)														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Compensation	(19)														
reportable compensation from the organization Yes No	c To	otal from continuation sheed to the control of the	ets to Part VII, \$	Sect	ion <i>i</i>	Α		 		63,625	\$100,000 of				
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	3 Di	portable compensation from id the organization list any fo	the organization	ecto	0 r, tru	ıstee	, key	/ em	ploy	ree, or highest compensated	d			Yes	
for services rendered to the organization? If "Yes," complete Schedule J for such person	4 For or in	or any individual listed on line ganization and related organ dividual	e 1a, is the sum nizations greater	of rethar	epor	table 50,00	con 00? <i>I</i>	npen: f "Ye	satio	on and other compensation complete Schedule J for such	from the ch		4		х
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Compensation	fo	r services rendered to the o	rganization? If "Y										5		X
(A) Name and business address Description of services (C) Compensation	1 C	omplete this table for your fire	ve highest comp												
		<u> </u>		ompe	ensa	uon 1	or tr	ie ca				ear.	Cor	(C)	on
2 Total number of independent contractors (including but not limited to those listed above) who														•	
Total number of independent contractors (including but not limited to those listed above) who															
Total number of independent contractors (including but not limited to those listed above) who															
Total number of independent contractors (including but not limited to those listed above) who															
received more than \$100,000 of componentian from the organization	2 To	otal number of independent of	contractors (inclu	ıding	but	not	limite	ed to	tho	se listed above) who					

Pa	rt V			f Revenue edule O conta	ains a	a response or note	to any line in thi	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
ıts ıts	1a	Federated camp	paigns		1a					
irar our	b	Membership du	es		1b					
s, G	С	Fundraising eve	ents		1c					
3ifts lar	d	Related organiz	ations		1d					
s, c imil	е	Government grants (c			1e	53,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions,	gifts, gra	ants,	45	219,502				
ibut	а	and similar amounts no Noncash contributions			1f	219,502	-			
ntri d C	3				1g	\$				
<u>a</u>	h	Total. Add lines	1a-1f	:			272,502			
						Business Code				
Se	2a	General ti	cket	sales			176,251	176,251		
Program Service Revenue	b	Advertising	g sal	les			5,020	5,020		
S, ر enu	С									
yran Rev	d									
>roć	е									
	f	All other prograi	m serv	rice revenue						
	g						181,271			
	3	Investment inco								
							8,223	8,223		
	4									
	5	Royalties	<u> </u>							
		_		(i) Real		(ii) Personal	-			
		Gross rents	6a				-			
		Less: rental expenses					-			
		Rental inc. or (loss)	6c							
	d 7a	Net rental incom Gross amount from	e or (
	sales of assets (i) Securities		(ii) Other	-						
		other than inventory	7a				-			
Revenue	b	Less: cost or other								
ķ		basis and sales exps.	7b				-			
		Gain or (loss)	7c							
her					<u></u>	 T				
δ	вa	Gross income from								
		(not including \$								
		of contributions rep				45 566				
		1c). See Part IV, li	ne 18		8a	45,566 13,150				
		Less: direct exp			8b	5	32,416			
		Gross income fr		_	Pvenis		32,410			
	эа	activities. See P			9a					
	h	Less: direct exp			9b		-			
		Gross sales of i			11103	<u> </u>				
	104	returns and allo		•	10a					
	h	Less: cost of go			10b		-			
		Tet medine of (300, 11	zzz calco or mive		Business Code				
sno	11a									
ane	b									
Miscellaneous Revenue	C									
Aisc R	d	All other revenu				I				
_										
							494,412	189,494	0	C

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

Secti	Check if Schedule O contains a respons			piete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			garreran ar parasas	
•	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	63,625	44,538	15,906	3,181
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	138,059	117,683	13,473	6,903
8	Pension plan accruals and contributions (include	-	•	_	-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,736	6,115	2,184	437
11	Fees for services (nonemployees):	•	-	_	
	` ' ' '				
b					
C	Accounting	5,016		5,016	
d	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	· .				
q					
Ŭ	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	45,701	45,701		
13	Office expenses	12,553	9,415	3,138	
14	Information technology	•	-		
15	Royalties	18,867	18,867		
16	Occupancy	53,873	41,600	12,273	
17	Travel	31,840	31,840	_	
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	2,130	1,751	379	
23	Insurance	1,173	880	293	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Housing	47,737	47,737		
b	Scenary/Lighting	21,313	21,313		
С	Merchant fees	19,914	19,914		
d	Education	5,758	4,319	1,439	
е	All other expenses	30,696	26,758	3,938	
25	Total functional expenses. Add lines 1 through 24e	506,991	438,431	58,039	10,521
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 283,918 120,015 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net ______ 7 8 Inventories for sale or use 8 5,100 3,778 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 16,987 10a b Less: accumulated depreciation 10b 9,385 4,688 7,602 10c Investments—publicly traded securities 146,954 11 11 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 3,203 3,203 15 Other assets. See Part IV, line 11 15 296,909 281,552 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses _____ 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 37,906 of Schedule D 35,128 37,906 35,128 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 259,003 246,424 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31

Total net assets or fund balances

Total liabilities and net assets/fund balances

281,552 Form **990** (2023)

246,424

259,003

296,909

32

32

Pa	rt XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			\bot
1	Total revenue (must equal Part VIII, column (A), line 12)			412
2	Total expenses (must equal Part IX, column (A), line 25)			991
3	Revenue less expenses. Subtract line 2 from line 1		12,	<u>579</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	59,	003
5	Net unrealized gains (losses) on investments			
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))	24	46,	424
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: 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2073

Open to Public Inspection

Lean Ensemble Theater

Part I Reason for Public Charity Status (All organizations must complete this part)

Employer identification number 47-2994571

P	art i	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.			
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)				
1	Ш	A church, co	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).				
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	iii).				
4		A medical re	search organization operated	d in conjunction with a hospital of	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,			
		city, and stat									
5	Ш	_		of a college or university owned	or operat	ed by a g	overnmental unit described in				
_			(b)(1)(A)(iv). (Complete Part	•							
6		•		overnmental unit described in s			· · ·				
7	Ш	-	section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public	;			
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	: II.)						
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	i x) operat	ed in con	junction with a land-grant collec	ge			
		or university university:	or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, ci	y, and state of the college or				
10	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
				npt functions, subject to certain e							
			•	nd unrelated business taxable in	,		,				
44			· ·	0, 1975. See section 509(a)(2).	` '		,				
11 12	\vdash	•	•	exclusively to test for public safe exclusively for the benefit of, to p	•			oog of			
12	Ш	•	•	ions described in section 509(a	•						
				scribes the type of supporting or							
	а	Type I. A	A supporting organization ope	erated, supervised, or controlled	by its su	pported of	organization(s), typically by givin	ng			
		the suppo	orted organization(s) the pow	ver to regularly appoint or elect a	a majority	of the di	rectors or trustees of the				
		supportin	g organization. You must c	omplete Part IV, Sections A a	nd B.						
	b			pervised or controlled in connec			.,,,				
			•	ting organization vested in the s	same pers	sons that	control or manage the support	ed			
	С	\Box	•	Part IV, Sections A and C. supporting organization operated	l in conne	oction with	and functionally integrated w	ith			
		its suppo	orted organization(s) (see ins	structions). You must complete	Part IV,	Sections	A, D, and E.				
	d			 A supporting organization ope organization generally must sa 							
			, ,	nust complete Part IV, Section	-		•	555			
	е	Check th	is box if the organization rec	eived a written determination fro	m the IR	S that it is					
				n-functionally integrated support	ting orgar	nization.					
	f		mber of supported organizati	ne supported organization(s).							
<i>(</i> 1	i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(jy) Is the	organization	(v) Amount of monetary	(vi) Amount of			
,	,	ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see			
				above (see instructions))	docur	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(0)											
(C)											
(D)											
(D)											
(E)											
Tota											
Tota	u										

Page 2

Pa	art II Support Schedule for O							
	(Complete only if you cheen Part III. If the organization							under
Sec	tion A. Public Support			·	•	<i>,</i>		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(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	T	T	T	T	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(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.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the o							
	organization, check this box and stop her	e						
Sec	tion C. Computation of Public S	upport Percen	tage					
14	Public support percentage for 2023 (line 6	, column (f) divided	d by line 11, colur	nn (f))			14	%
15	Public support percentage from 2022 Scho	edule A, Part II, lin	e 14				15	%
16a	33 1/3% support test — 2023. If the orga	nization did not ch	eck the box on lin	e 13, and line 14 is	33 1/3% or more,	check this		
	box and stop here. The organization qual	ifies as a publicly	supported organiz	ation				L
b	33 1/3% support test — 2022. If the orga	nization did not ch	eck 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 publ	licly supported org	anization				L
17a	10%-facts-and-circumstances test — 20)23. If the organiza	ation did not check	a box on line 13,	16a, or 16b, and lir	ne 14 is		
	10% or more, and if the organization mee Part VI how the organization meets the fa							_
	organization							Г
b	10%-facts-and-circumstances test — 26							
	15 is 10% or more, and if the organization	n meets the facts-a	and-circumstances	test, check this bo	x and stop here.	Explain		
	in Part VI how the organization meets the organization					•		Г
18	Private foundation. If the organization did							

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	quanty arraior in		, , , , , , , , , , , , , , , , , , ,		-/	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	225,299	153,670	389,335	268,028	277,522	1,313,854
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	88,437	6,977	93,173	186,354		551,192
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	313,736	160,647	482,508	454,382	453,773	1,865,046
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	39,423		16,500	53,175	59,700	168,798
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	39,423		16,500	53,175	59,700	168,798
8	Public support. (Subtract line 7c from line 6.)						1,696,248
Sec	tion B. Total Support			<u>'</u>		•	,
Caler	alendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 202						
9	Amounts from line 6	313,736	160,647	482,508	454,382	453,773	1,865,046
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.)	313,736	160,647	482,508	454,382	453,773	1,865,046
14	First 5 years. If the Form 990 is for the o						1,005,010
	organization, check this box and stop her	•			` '	` '	
Sec	tion C. Computation of Public S	upport Percent	age				
15	Public support percentage for 2023 (line 8						90.95%
16	Public support percentage from 2022 Sch						92.46 %
	tion D. Computation of Investme					1.1	
17	Investment income percentage for 2023 (3, column (f))			<u>%</u>
	Investment income percentage from 2022						%
19a	33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this b						X
b	33 1/3% support tests — 2022. If the org						
	line 18 is not more than 33 1/3%, check the	•	ŭ		, ,,	· ·	
20	Private foundation. If the organization di	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		
	- Ou		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	- Ou		
	٥.		
	9b		
	9с		
	10a		
	iva		
	10b		990) 2023
Sche	dule A	(Form 9	990) 2023

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						
Sect	ion B. Type I Supporting Organizations	Г						
			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							
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1						
2	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	<u> </u>						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.).						
·	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 instr	ructions)						
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. <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	30						
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a						
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 19	70 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations may	nust comple	te Sections A through E	•
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.5) 1.00.	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			,
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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		
Section 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 integrate	ed Type III	supporting organization	

Schedule A (Form 990) 2023

(see instructions).

Page 7

Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)								
Sect	on 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	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	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)									
6_	Other distributions (describe in Part VI). See instructions.			6							
	Total annual distributions. Add lines 1 through 6.			7							
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		8							
	(provide details in Part VI). See instructions.										
9	Distributable amount for 2022 from Section C, line 6			9							
10	Line 8 amount divided by line 9 amount		(m)	10	/····\						
C4	on F. Dietrikustion Allegations (see instructions)	(i)	(ii)		(iii)						
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	5	Distributable						
1	Distributable amount for 2022 from Section C. line 6		Pre-2023		Amount for 2023						
2	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023										
2	(reasonable cause required–explain in Part VI). See										
	instructions.										
3	Excess distributions carryover, if any, to 2023										
а	From 2018										
b	From 2019										
c	From 2020										
d	From 2021										
е	From 2022										
f	Total of lines 3a through 3e										
	Applied to underdistributions of prior years										
	Applied to 2023 distributable amount										
i	Carryover from 2018 not applied (see instructions)										
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.										
4	Distributions for 2023 from										
	Section D, line 7: \$										
	Applied to underdistributions of prior years										
	Applied to 2023 distributable amount										
	Remainder. Subtract lines 4a and 4b from line 4.										
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h										
U	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
7	Excess distributions carryover to 2024. Add lines 3j										
•	and 4c.										
8	Breakdown of line 7:										
	Excess from 2019										
	Excess from 2020										
	Excess from 2021										
	Excess from 2022										
	Excess from 2023										

Schedule A (Form 990) 2023

Schedule A (Form	n 990) 2023	Lean	Ensemble	Theater	47-2994571	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. IV, Section A, P; Part IV, Section	Provide the ex lines 1, 2, 3b, tion C, line 1; F	planations required 3c, 4b, 4c, 5a, 6, Part IV, Section D,	d by Part II, line 10; Part II, line 17a or 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, lines 2 and 3; Part IV, Section E, lines ection D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and	6. Also comple	ete this part for	any additional inf	formation. (See instructions.)	
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Lean Ensemble Theater

47-2994571

Schedule B (Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule of Contributors

ame of the organization

Lean Ensemble Theater

47-2994571

J	
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
, ,	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or eved from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or and on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during to	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
contributor, during contributions totaled during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year \$
must answer "No" on Part	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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 peet 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) (2023)

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

Page 2

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		\$ 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			
2		\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No	Name, address, and ZIP + 4	Total contributions \$ 20,000	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		\$ 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			
		\$	Person 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.

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) 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 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 on line 2a 2c d Number of conservation easements included on line 2c 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 2d 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

Part III Organizations Maintaining			Treasures,	or Other	Simil	ar Ass	sets (conti)
3 Using the organization's acquisition, accession collection items (check all that apply).		·					•		
a Public exhibition		Loan or exchange p	-						
b Scholarly research	е 🔛	Other							
c Preservation for future generations	actions and avalois	how thou further th	o organization!	a avamet n		in Dort			
4 Provide a description of the organization's collexIII.	ections and explair	now they further the	e organization s	s exempt p	ourpose	in Part			
5 During the year, did the organization solicit or	roccivo donations	of art historical trace	euros or othor	cimilar					
assets to be sold to raise funds rather than to		•	•				\Box	res [No
Part IV Escrow and Custodial Arra		part of the organizati	UITS COILECTION		<u> </u>			C3	
Complete if the organization a 990, Part X, line 21.		' on Form 990, P	art IV, line 9	9, or repo	orted a	n amo	unt on For	m	
1a Is the organization an agent, trustee, custodian									_
included on Form 990, Part X?							LJ '	es [No
b If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing table.			_				
					L		Amou	nt	
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance					L	1f	П.	. г	
2a Did the organization include an amount on For								es	⊣ No
b If "Yes," explain the arrangement in Part XIII. (check here ii the e	xpianation has been	provided on Pa	ait Aiii	<u> </u>				
Complete if the organization a	answered "Yes'	on Form 990 F	art IV line	10					
Complete ii the organization i	(a) Current year	(b) Prior year	(c) Two yea		(d) Thre	ee years b	ack (e) Fo	our years	hack
1a Beginning of year balance		(4) ,	(6) 1.110 year	are baon	(4)	50 youro 2	(9)	ou. your	
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		e (line 1g. column (a)) held as:	-					
a Board designated or quasi-endowment	•	o (o . g, co.a (a	,,						
b Permanent endowment %									
c Term endowment %									
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a Are there endowment funds not in the possess	•	ation that are held ar	d administered	for the					
organization by:	ŭ							Yes	No
(i) Unrelated organizations?							3a(i)	
(ii) Related organizations?							3a(ii)	
b If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	ired on Schedule R?					3b		
4 Describe in Part XIII the intended uses of the									
Part VI Land, Buildings, and Equip									
Complete if the organization a	answered "Yes"	on Form 990, P	art IV, line 1	1a. See	Form	990, P	art X, line	10.	
Description of property	(a) Cost or other		r other basis		ccumulated			k value	
	(investment)	(c	ther)	dep	oreciation				
1a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Par	t X, line 10c, column	(B))	<u> </u>					

Part VII Investments – Other Securities Complete if the organization answered "Yes" on Fo	urm 000 Part IV/ lir	oo 11h Soo Form 000 Part	Y lino 12
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)	(b) Dook value	Cost or end-of-year mark	
1) Financial derivatives		1	
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		+	
(H) otal. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments – Program Related			
Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lir	ne 11c. See Form 990. Part	X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	ket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		+	
(9) otal. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lir	ne 11d. See Form 990. Part	X. line 15.
(a) Description	000, . a,		(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities). Part X.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))), Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Fo), Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25. (a) Description of liability (1) Federal income taxes			(b) Book value 26 , 28
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25. (a) Description of liability (1) Federal income taxes (2) Prepaid subscriptions (3) Prepaid flex pass			(b) Book value 26,28 6,49
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25. (a) Description of liability (1) Federal income taxes (2) Prepaid subscriptions (3) Prepaid flex pass (4) Payroll liabilities			(b) Book value 26,28 6,49
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25. (a) Description of liability (1) Federal income taxes (2) Prepaid subscriptions (3) Prepaid flex pass (4) Payroll liabilities (5)			(b) Book value 26,28 6,49
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25. (a) Description of liability (1) Federal income taxes (2) Prepaid subscriptions (3) Prepaid flex pass			

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		-	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.		
1			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b	Prior year adjustments	2b		
	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
h		4b		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information		5	
5 Pa	Add lines 4a and 4b 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; P	art IV, lines 1b and 2b;	Part 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 18.) art XIII Supplemental Information	art IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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5 Pa	Add lines 4a and 4b 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; P	art IV, lines 1b and 2b;	Part 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 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b;	Part 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 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b;	Part V, line 4; Part X, line	

Schedule D (Fo	orm 990) 2023	Lean	Ensemble	Theater	47-2994571	Page 5
Part XIII	Supplementa	al Info	Ensemble rmation (continu	ıed)		
	• • • • • • • • • • • • • • • • • • • •		,	,		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public

Name of the organization Employer identification number Lean Ensemble Theater 47-2994571 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events **EVENT** None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 45,566 45,566 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 45,566 45,566 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 13,150 13,150 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,150 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes **b** If "Yes," explain:

Sche	dule G (Form 990) 2023	<u>L</u> ean	<u>Ensem</u> ble	<u>Theat</u> er	47-2994571		Page 3
11	Does the organization cond						Yes No
12	=				of a partnership or other entity		
	formed to administer charita	able gamin	g?			[Yes No
13	Indicate the percentage of						_
а	The organization's facility		-			a	%
b	A				13	b	%
14					gaming/special events books and		
	records:			-			
	Name						
	Address						
15a	Does the organization have	a contract	with a third party	from whom the org	anization receives gaming	_	1
	revenue?					L	Yes No
b					\$ and the		
	amount of gaming revenue			\$			
С	If "Yes," enter name and ac	ddress of th	e third party:				
	Name						
	Address						
16	Gaming manager information	on:					
	Name						
	Gaming manager compens	sation \$					
	Description of services prov	vided					
	Director/officer		nployee	Independent			
17	Mandatany diatributiana						
	Mandatory distributions:	under etet	e law to make abo	ritable dietributions	from the gaming proceeds to		
а	•				from the gaming proceeds to] vee □ Ne
L	Enter the amount of distribu	Hioro rocui	rad under state la	bo distributed	to other exempt organizations or	. L	Yes No
D					to other exempt organizations or		
Pa		I Inform	ation. Provide	the explanation	is required by Part I, line 2b, columns (iii) and		ınd
	See instructio		0, 150, 150, 16	, and 17b, as a	applicable. Also provide any additional informat	lon.	

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

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 Accomplishments Lean Ensemble Theater is a professional performing arts based company founded in 2015. In the 2023/2024 season the Theater produced 5 plays. In addition, the Theater provided education and community outreach programs throughout the course of the season, which were provided free of charge. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Will be reviewed by the Treasurer, Artistic and Executive Director and Board Chair prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of interest statement is signed and reviewed annually Form 990, Part VI, Line 15a - Compensation Process for Top Official All Compensation matters are approved by the Executive Comittee of the Board of Directors Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

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

OMB No. 1545-0172

Name(s) shown on return

Lean Ensemble Theater

Identifying number 47-2994571

	ess or activity to which this form relat							
<u>I</u> :	ndirect Deprecia							
Pa	ert I Election To Expe	•	-					
	Note: If you have	any listed property	y, complete Part \	/ before you	complete Pa	ırt I.		
1	Maximum amount (see instruction						1	1,160,000
2	Total cost of section 179 proper	ty placed in service (se	ee instructions)				2	
3	Threshold cost of section 179 p	roperty before reductio	n in limitation (see ins	structions)			3	2,890,000
4	Reduction in limitation. Subtract	line 3 from line 2. If ze	ero or less, enter -0-				4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zero	or less, enter -0 If marrie	ed filing separately,	see instructions		5	
6	(a) Descript	ion of property	(b) Cost (business use	only)	(c) Elected cost		
7	Listed property. Enter the amount				7			
8	Total elected cost of section 179	property. Add amount	ts in column (c), lines	6 and 7			8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction	n from line 13 of your	2022 Form 4562				10	
11	Business income limitation. Ente	er the smaller of busine	ess income (not less th	han zero) or line	5. See instruc	tions	11	
12	Section 179 expense deduction.	Add lines 9 and 10, be	ut don't enter more tha	an line 11			12	
13	Carryover of disallowed deduction				13			
Note	: Don't use Part II or Part III belov	w for listed property. In	stead, use Part V.					
Pa	rt II Special Deprecia	tion Allowance a	ind Other Depred	ciation (Don'	t include list	ed proper	ty. Se	e instructions.)
14	Special depreciation allowance f	or qualified property (c	other than listed prope	rty) placed in se	rvice			
	during the tax year. See instruct						14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including AC	CRS)					16	2,130
Pa	rt III MACRS Deprecia	ation (Don't includ	de listed property.	See instructi	ons.)			
			Section	Α				
17	MACRS deductions for assets p	laced in service in tax	years beginning befor	e 2023		<u></u>	17	0
18	If you are electing to group any assets place							
	Section B-	-Assets Placed in Se	rvice During 2023 Ta	x Year Using th	ne General De	preciation S	ystem	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment us		(e) Convention	(f) Meti	nod	(g) Depreciation deduction
	(a) Glassification of property	service	only-see instructions)		(e) Convention	(i) ivieu	iou	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—A	Assets Placed in Serv	rice During 2023 Tax	Year Using the	Alternative D	epreciation	Syste	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See in	nstructions.)	•	1 *	•			
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12		lines 19 and 20 in colu	umn (g), and line	21. Enter			
	here and on the appropriate line						22	2,130
23	For assets shown above and pla	aced in service during t	the current year, enter	the				
	portion of the basis attributable to	to section 263A costs	<u></u>	23				

Form **990**

Name

Event Income and Deduction Worksheet

Description **EVENT**

Lean Ensemble Theater

Taxpayer Identification Number 47-2994571

2023

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	45,566	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	45,566	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	-	Expense Details - Exempt Activity Expense:
Labor	-	Repairs and Maintenance
Labor Section 263A costs	-	Bad debts
Other costs	-	Taxes/licenses
Ending inventory	-	Charitable contributions
Total Cost of Goods Sold	-	Dividend recd deductions
	-	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Payroll taxes Total Employment Expense		Rent and facility costs
rotar Employment Expenses		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
•		Other direct expenses 13,150
Management		Total Fundraising Expense 13,150
Legal	· ··	Total Fundationing Expense
Accounting Lobbying		
Professional fundraising		
Investment management		
Other Total Fees for Services		
Information is indicated for use on Form 9	•	Allocation of Expense to Program Service Accomplishments:
	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

47-2994571 FYE: 6/30/2024

Federal Statements

9/1/2024 2:01 PM

Total

Taxable Interest on Investments

	Description				
		 Amount		Acquired after 6/30/75	US Obs (\$ or %)
Interest	Income	\$ 8,223			

\$ 8,223

47-2994571 FYE: 6/30/2024

Federal Statements

9/1/2024 2:01 PM

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

Description	E	Total Expenses	Program Service	agement & General	 Fund Raising
Other Expense	\$	5,654	\$ 5,400	\$ 254	\$
Cast Meals Telephone		4,448 3,767	2,621 2,825	1,827 942	
Film and editing		3,750	3,750		
Dues and subscriptions		3,659	2,744	915	
Sound designer		3,500	3,500		
Outside Contract		3,225	3,225		
Printing and reproduction		2,269	2,269		
Supplies		424	 424	 	
Total	\$	30,696	\$ 26,758	\$ 3,938	\$ 0

47-2994571 FYE: 6/30/2024

Federal Statements

9/1/2024 2:01 PM

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

Donor Name	2019	2020	2021	 2022	2023
	\$ 39,423	\$	\$ 16,500	\$ 53,175	\$ 59,700
Total	\$ 39,423	\$ 0	\$ 16,500	\$ 53,175	\$ 59,700

47-2994571 FYE: 6/30/2024

Federal Statements

9/1/2024 2:01 PM

EVENT

Other Direct Fundraising or Gaming Expenses

Description	 Amount
	\$ 13,150
Total	\$ 13,150

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 2022 Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. 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 X Corporation Trust Year of formation: 2015 Form of organization: Association M State of legal domicile: Part I Summary 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 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 8 Contributions and grants (Part VIII, line 1h) 389,335 268,028 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) 482,508 454,382 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) 0 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 P 8 296,909 290,204 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 34,148 37,906 259,003 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 Check Paid

Patrick P. Carey, Jr., CPA

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

Carey & Company P.A.

70 Main Street, Suite 100 Hilton Head Island, SC

Patrick P. Carey, Jr., CPA

Preparer

Use Only

Firm's name

P00033247

57-0927046

843-681-4430

self-employed

Firm's EIN

Pa	art 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:	
L	Lean Ensemble Theater embraces theater's vibrant relevance through div	erse,
e :	ensemble based programming which compels thought, sparks emotion and	
_	inspires dialogue.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a		, 354)
	Lean Ensemble Theater is a professional performing arts based company	· · · · · · · · · · · · · · · · · · ·
	founded in 2015. In the 2022/2023 season the Theater produced 5 plays	
	addition, the Theater provided educational programs throughout the cou of the season.	
O	or the season.	
	·	
	······································	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A	
	· · · · · · · · · · · · · · · · · · ·	
	·	
	·	
	······	
	•	
	•	
	······································	
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	N/A	
	→	
	· · · · · · · · · · · · · · · · · · ·	
	·	
	•	
	······	
	•	
	•	
	•	
4d	I Other program services (Describe on Schedule O.)	
Ŧu	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program conting symmetry	

Form 990 (2022) Lean Ensemble Theater
Part IV Checklist of Required Schedules

	<u> </u>		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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"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			v
4.0	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	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_^
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	х	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa	- 21	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			
4-	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	4.5		3.7
4.5	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?			v
22	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 21	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	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			77

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 "Ves." complete Schedule I	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b				
С				
	to defeace any tax-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ű	"Voo." complete School de L. Port IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Vos." complete Schodule I. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	concernation contributions? If "Vec." complete Cabadula M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schodule N. Port II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	204 7704 0 and 204 7704 00 K (Vac 2 complete Calcadula D. Dart I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	and No and David V. Page 4	34		х
35a				X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
D	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	336		
00	related agree instinct 16 (Vac " agree late Cabadyla D. Dort V. ling C	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
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 on Schedule O for Part VI, lines 11b and	37		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	1
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30	1 44	
1 (Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Conocado C contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25		163	140
b	Enter the number reported in box 3 or Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
n	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) with backup withholding fules for reportable payments to vendors and	4-		v

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	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? $_{\dots}$			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?			5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е						
	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						
	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	joods		_				
				7a				
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		l _				
	required to file Form 8282?			7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	7e				
e f								
g	If the organization received a contribution of qualified intellectual property, did the organization file For		00 as required?	7f 7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
•	and a supplied that have a supplied by the sup	•		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the expression experiention make any toyoble distributions under certion 40662			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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	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.			40-				
а				13a				
h	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	13b						
	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c		-				
с 14а	Did the examination reading any payments for index taming agricus during the tay year?		<u> </u>	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		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	ie?	16		х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ities						
	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 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 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 Х 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? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

32 Office Park Road, Suite 102

SC 29928

Blake White

Hilton Head Island

Form 990 (2022) Lean Ensemble Theater

47	-2	a	a	4	5	7	1	

Page 7

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

			v current officer, director,	

(A) Name and title	(B) Average hours per week	box	x, unle icer a	ess pe	ition more rson lirecto	than one s both an or/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	Former Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Myla Lerner							\top			
	4.00									
President	0.00	X		X			_	0	0	0
(2) Cathy Nairne	2.00									
Sogratary	0.00	X		х				0	0	0
Secretary (3) Lisa Snider	0.00	┼^		Α			+	0	0	0
(3) LISA SITUEL	2.00									
Treasurer	0.00	X		x				0	0	0
(4) Joe Maguire	0.00	122					$^{+}$		<u> </u>	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00									
Member	0.00	X		х				0	0	0
(5) Randie Wolfe							T			
	2.00									
Member	0.00	X						0	0	0
(6) Tim Ridge										
	2.00									
Member	0.00	X					\perp	0	0	0
(7) Charles Russ										
<u>.</u>	2.00									
Member	0.00	X					_	0	0	0
(8) Gloria Holmes	2 00									
	2.00 0.00	X						0	0	0
Member (9) Janice McKelvey	0.00	┼^					+	0	0	0
(a) Dailice McKelvey	2.00									
Member	0.00	X						0	0	0
(10) Cindy Thompson	0.00	1					+		<u> </u>	
(10, 02210)	2.00									
Member	0.00	X						0	0	0
(11) Katie McKee Silv							\top			
	2.00									
	0.00	X								

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 related organizations	Average hours box, unless person is both officer and a director/trus per week (list any hours for related to reanizations					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 ar of other ompensat from the ganization ed organi	r tion e n and	S
		below dotted line)	stee	trustee		0	ensate							
(12	Blake White						_							
		40.00			.,				62,000	0				_
EXE	ecutive Director	0.00	X		X				62,000	0				0
1b	Subtotal								62,000					
С	Total from continuation shee								60,000					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in								e) who received more than	\$100,000 of				
	reportable compensation from			0									Yes	No
3	Did the organization list any fo												163	
4	employee on line 1a? If "Yes," For any individual listed on line								on and other compensation	from the		3		X
	organization and related organization and related organization											4		х
5	Did any person listed on line	1a receive or acc	crue	com	pens	atio	n fror	n ar	ny unrelated organization or	· individual		_		х
Sect	for services rendered to the o ion B. Independent Contractor		res,	COIT	іріет	e SC	neau	ie J	for such person			5		
1	Complete this table for your five compensation from the organization	ve highest comp	ensa	ated	inde _l	oend	lent d	contr	ractors that received more t	than \$100,000 of in the organization's tax v	ear.			
		(A) business address								(B) ion of services		Com	(C) pensatio	on
								_						
													_	
2	Total number of independent of 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	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
nts nts	1a	Federated camp	paigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	es		1b						
S, G	С	Fundraising eve	nts		1c						
ar ar	d	Related organiz	ations		1d						
ii,		Government grants (co			1e		53,950				
r		All other contributions,	gifts, gra	ants,			01.4.000				
but	a	and similar amounts no Noncash contributions			1f		214,078				
d d o	9	lines 1a-1f			1g	\$					
a Sc	h	Total. Add lines	1a-1f	f				268,028			
							Business Code				
بو	2a	General ti	cket	sales				179,714	179,714		
ž,	b	Advertising	g sal	les				4,900	4,900		
Program Service Revenue	С	Other Inco	me					1,740	1,740		
Se Ja	d										
<u>Ş</u>	е										
_	f	All other program	m serv	rice revenue							
	g	Total. Add lines	2a-2f	f				186,354			
	3 Investment income (including dividends, interest,										
		other similar am	nounts))							
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds					
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d 7a	7a Cross amount from									
	ru	sales of assets		(i) Securities		(ii)) Other				
		other than inventory	7a			1					
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b			-					
		Gain or (loss)	7c								
her		Net gain or (loss									
ğ	ва	Gross income from									
		(not including \$									
		of contributions rep									
	h	1c). See Part IV, lir Less: direct exp	00000		8a 8b						
		Gross income fr		_	- Verits	<u> </u>					
	Ju	activities. See P			9a						
	h	Less: direct exp			9b						
		Net income or (I									
		Gross sales of in									
		returns and allow		•	10a						
	b	Less: cost of go			10b						
		Net income or (I									
		(-	.,				Business Code				
Miscellaneous Revenue	11a										
ane	b										
eve	С										
Misc	d	All other revenue									
_		Total. Add lines									

454,382

186,354

0

0

12 Total revenue. See instructions .

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

Seci	Check if Schedule O contains a responsi			olete column (A).	
Do I	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,000	46,500	15,500	
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	106 000	0 505	
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	7,677	5,758	1,919	
10	Payroll taxes Fees for services (nonemployees):	7,077	5,756	1,919	
11	` ' ' ' '				
a b	l and				
D		4,722		4,722	
d	Accounting Lobbying	1,722		1,722	
e	Professional fundraising services. See Part IV, line 17				
f	· · · · · · · · · · · · · · · · · · ·				
q	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	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	Travel	33,862	33,862		
18	,				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 760	1 570	100	
22	Depreciation, depletion, and amortization	1,760 740	1,572 555	188 185	
23	Insurance	740	555	185	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	77	41,057	41,057		
b	Scenary/Lighting	21,372	21,372		
C	Merchant fees	15,699	15,699		
d	Other Expense	6,954	6,342	612	
e	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)				

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 246,618 283,918 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 23,001 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ______ 7 8 Inventories for sale or use 8 10,934 5,100 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11,942 10a 7,254 b Less: accumulated depreciation 10b 6,448 4,688 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 **14** Intangible assets 14 15 Other assets. See Part IV, line 11 3,203 3,203 15 296,909 290,204 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 34,148 37,906 of Schedule D 34,148 37,906 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 256,056 259,003 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 256,056 259,003

296,909 Form 990 (2022)

290,204

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5 4 ,:	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	45,8	
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	2.	56,0	<u>056</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		-5,0	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	2.	59,0	003
Pa	art 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: 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

			Lean	Ensembl	e Theater				47-299	4571	
		Reas	on for Pul	olic Charity	Status. (All organization	s must c	omplete	this part.) S			
The	orga				e it is: (For lines 1 through 12,						
1	$ \tilde{\Box} $		•		ociation of churches described			•			
2					A)(ii). (Attach Schedule E (For		- (-)(Λ Λ/			
3					ce organization described in s)(b)(1)(A)	'iii)			
1			•	·	I in conjunction with a hospital			•	(iii) Enter the h	noenital'e name	
7			·	ization operated	in conjunction with a nospital	uescribeu	III Section	// 170(B)(1)(A)	(III). Linter the i	iospitars riarrie,	
_		city, and stat		for the benefit o	f a college or university ourse				it described in		
Э	Ш	•	•		f a college or university owned	or operat	ed by a g	overnmental un	iii described iri		
•				(Complete Part	•		70/1-\/4\/	V6.4			
6				•	overnmental unit described in						
7		•		•	substantial part of its support for	rom a gove	ernmental	unit or from the	e general public		
•					omplete Part II.)						
8	Ш				170(b)(1)(A)(vi). (Complete Pa						
9		-		-	cribed in section 170(b)(1)(A)				-	ge	
		university:	or a non-iano	i-grant college c	of agriculture (see instructions).	Enter the	name, ci	ly, and state of	the college of		
10	X	*	ion that narm	ally receives (1)	more than 33 1/3% of its sup	nort from		na mambarahi	n food and are		
10	21	-		• , ,	pt functions, subject to certain	•				353	
		•			d unrelated business taxable i		. ,				
			•		0, 1975. See section 509(a)(2	,		,			
11		An organizati	ion organized	and operated e	exclusively to test for public sa	fety. See s	section 5	09(a)(4).			
12	П	_	_		exclusively for the benefit of, to	-			y out the purpo	ses of	
	_	one or more	publicly supp	orted organizati	ons described in section 509	(a)(1) or se	ction 50	9(a)(2). See se c	tion 509(a)(3).	Check	
		the box on lir	nes 12a throu	gh 12d that des	scribes the type of supporting of	organizatio	n and cor	nplete lines 12e	e, 12f, and 12g.		
	а	Type I. A	supporting o	organization ope	erated, supervised, or controlle	d by its su	ipported of	organization(s),	typically by givi	ng	
					er to regularly appoint or elect		of the di	rectors or truste	es of the		
		supportin	ig organizatio	n. You must c	omplete Part IV, Sections A	and B.					
	b		0		pervised or controlled in conne			•			
			•		ting organization vested in the	same pers	sons that	control or mana	age the support	ed	
			` '	•	Part IV, Sections A and C.						
	С				upporting organization operate structions). You must complete				illy integrated w	rith,	
	d		_		I. A supporting organization op				urted organizatio	on(e)	
	u				e organization generally must s				-	• •	
				-	nust complete Part IV, Section	-			a an automivon		
	е				eived a written determination fr				e II. Type III		
					n-functionally integrated suppo			, , , , , , , , , , , , , , , ,	, . , , ,		
	f	Enter the nur	mber of supp	orted organizati	ons						
	g	Provide the f	following infor	mation about th	ne supported organization(s).						
(i)) Nam	ne of supported	(ii)) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount	of monetary	(vi) Amount of	
	or	ganization			(described on lines 1–10		ur governing ment?	suppo	•	other support (see	
					above (see instructions))		1	instruc	tions)	instructions)	
/A\						Yes	No				_
(A)											
/D\											
(B)											
(0)											
(C)											
(5)											
(D)											
/= :											
(E)											
Tota		mueuls Deductio	m Ant Mist	and the least of	iona for Form 000 or 000 F7					Sahadula A (Farm 000) 2	-

Page 2

Pa	(Complete only if you chec Part III. If the organization	cked the box o	n line 5, 7, or 8	of Part I or if t	the organization	n failed to	qualify	
Sec	tion A. Public Support					,		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(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							
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
7	Amounts from line 4	(0) 2010	(11)	(0, 2020	(0) =0=1	(0) =0=		(-)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the or			•	,	, , ,		_
	organization, check this box and stop her	e					<u></u>	
Sec	tion C. Computation of Public St	••						
14	Public support percentage for 2022 (line 6						14	%
15	Public support percentage from 2021 Sche	edule A, Part II, lir	ne 14				15	%
16a	33 1/3% support test—2022. If the organ							
	box and stop here. The organization qual							L
b	33 1/3% support test—2021. If the organ							
	this box and stop here. The organization							L
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization mee Part VI how the organization meets the fa	ts the facts-and-ci	rcumstances test,	check this box and	d stop here. Expla	in in		
	organization		_					
b	10%-facts-and-circumstances test—202							
	15 is 10% or more, and if the organization	•						
	in Part VI how the organization meets the organization	facts-and-circums	stances test. The o	organization qualifie	es as a publicly su	pported		
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee		

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	'	,	
Cale	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						
500	tine 6.) ction B. Total Support						1,604,287
	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
		323,012	313,730	100,047	402,500	151,502	1,733,003
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	313,736	160,647	482,508	454,382	1,735,085
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her						
Sec	ction C. Computation of Public Se						
15	Public support percentage for 2022 (line 8						92.46 %
16	Public support percentage from 2021 Scho					16	94.91 %
	ction D. Computation of Investme					T . T	
17	Investment income percentage for 2022 (I			3, column (f))			%
18	Investment income percentage from 2021						%
19a	33 1/3% support tests—2022. If the orga						X
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2021. If the organization		-		-		
~	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did						_

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. 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).
- 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).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Sche	10b	(Form (990) 2022
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Par	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			
			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			
	71 11 0 0		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? <i>If "No," explain in Part VI how</i>			
	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			
3	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)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ıctions		
2	Activities Test. Answer lines 2a and 2b below.	10110113)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а				
	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
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	OL.		
_	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		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20, 1	970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t compl	lete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	Tajuttou Not moonio		(7) Thor rear	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or 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			(0) 1011011
-	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1.0		
	(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		
		1 0		
Sect	ion C – Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type III	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)		
Section D – Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpos	1			
2	Amounts paid to perform activity that directly furthers exempt purposes				
	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 organization	ation is responsive		8	
	(provide details in Part VI). See instructions.			Ш	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	Г	10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	8	Distributable
			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				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	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				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Forn	n 990) 2022	Lean	Ensemble	Theater		47-2994571	Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	IV, Section A, ; Part IV, Sec ; V, line 1; Pa	lines 1, 2, 3b, tion C, line 1; F rt V, Section B,	3c, 4b, 4c, 5a, 6, Part IV, Section D line 1e; Part V, S	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part	; Part II, line 17a or 17 b, and 11c; Part IV, Se IV, Section E, lines 1c , and 8; and Part V, Se ructions.)	ection , 2a, 2b,
•							
·							
•							
•							
·							
•							

Schedule B (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Schedule B (Form 990) (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).

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

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

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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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 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

	art III Organizations Maintainin			Treasures, o	r Other Sim	ilar A	ssets	(contin		age <u>=</u>
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the	following that ma	ke 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	collections and explain	n how they further	the organization's	exempt purpose	e in Par	t			
	XIII.									
5	During the year, did the organization solicit		·	•				П.,		1
	assets to be sold to raise funds rather than Escrow and Custodial A		part of the organiza	ation's collection?				Ye	s _	No
	Complete if the organization 990, Part X, line 21.		" on Form 990,	Part IV, line 9,	or reported	an am	ount o	n Forn	า	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:							
								Amoun	t	
С	0 0					1c				
d	Additions during the year									
e	Distributions during the year									
1	Ending balance				liability O	1f		☐ Ye		T N =
	Did the organization include an amount on If "Yes," explain the arrangement in Part XI									No
	art V Endowment Funds.	ii. Official field if the d	spianation has bee	ii piovided oii i ai	t XIII					
	Complete if the organization	n answered "Yes'	" on Form 990,	Part IV, line 10	O.					
		(a) Current year	(b) Prior year	(c) Two years		hree years	s back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and									
	losses									
	Grants or scholarships									
е	Other expenditures for facilities and									
,	programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the cu	rrent year end halanc	e (line 1g. column	(a)) held as:						
	Board designated or quasi-endowment	•	e (iiiie 1g, coluitiii	(a)) Held as.						
	Permanent endowment %									
С										
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.								
3a	Are there endowment funds not in the poss	session of the organization	ation that are held	and administered	for the			,		
	organization by:							$\overline{}$	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ							3b		
4 D:	Describe in Part XIII the intended uses of tart VI Land, Buildings, and Eq		owment funds.							
Г	Complete if the organization		' on Form 990	Part IV line 11	la See Form	990	Part X	line 1	Ω	
	Description of property	(a) Cost or other		t or other basis	(c) Accumula			(d) Book		
	1 660	(investment)	''	(other)	depreciation			.,		
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment									
e	Other									
Tota	I Add lines 1a through 1e (Column (d) mus	Feaual Form 000 Pai	rt X column (R) lin	a 10c l			1			

Schedule D (F	Form 990) 2022 Lean Ensemble Theater	<u> </u>	47-2994571	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV li	no 11h Soo Form 000 Part	Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(-,	Cost or end-of-year mark	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
/ A \				
(B)				
(C)				
(D)				
		-		
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	-		
Part VIII	Investments – Program Related.	.		
T CIT VIII	Complete if the organization answered "Yes" on	Form 990. Part IV. li	ne 11c. See Form 990. Part	X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mark	cet value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) most small Fame 2000 Bart V and (D) line 40.)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	.		
I alt IX	Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11d See Form 990 Part	X line 15
	(a) Description	1 01111 000, 1 011 17, 111	110 110. 000 10111 000, 1 011	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
Fait A	Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11e or 11f See Form 990	Part X
	line 25.	1 01111 000, 1 ait 10, 11	ne tre of the occitonin 550	, r art 7,
1.	(a) Description of liability	/		(b) Book value
	income taxes			
	aid subscriptions			26,490
	aid flex pass			8,452
(4) Payro				2,624
(5) Prepa	aid Tickets			340
(6)				
(7)				
(8)				
(9)	4)			20 000
	n (b) must equal Form 990, Part X, col. (B) line 25.)	atasta ta da a a a a a a a a		37,906
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	s rinancial statements that reports th	≀e

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

Pa	Reconciliation of Revenue per Audited Financial State		-	
	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:			
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990			
4				
1			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20		
D	Prior year adjustments			
C	Other losses			
	Other (Describe in Part XIII.)		20	
	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
D	Other (Describe in Part Alli.)	40		
	Add Bass 4s and 4b		1.40	
	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.		5	
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4	rt IV, lines 1b and 2b; vide any additional info	Part V, line 4; Part X, line mation.	
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Schedule D (Fo	orm 990) 2022	Lean	Ensemble	Theater	47-2994571	Page 5
Part XIII	Supplementa	al 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

47-2994571

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

Lean Ensemble Theater

Inspection Go to www.irs.gov/Form990 for the latest information. 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 2022/2023 season the Theater produced 5 plays. In
addition, the Theater provided educational programs throughout the course
of the season.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Will be reviewed by the Treasurer, Artistic and Executive Director and
Board Chair prior to filing
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Conflict of interest statement is signed and reviewed annually
Form 990, Part VI, Line 15a - Compensation Process for Top Official
All Compensation matters are approved by the Executive Comittee of the
Board of Directors
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents are available to the public upon request

Form **4562**

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

tachment

Name(s) shown on return Identifying number 47-2994571 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. Maximum amount (see instructions) 1,080,000 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) 2,700,000 3 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 filling separately, see instructions 5 (b) Cost (business use only) (a) Description of property 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 2021 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 2023. 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 1,571 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 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 2022 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 (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 yrs. MM S/L 27.5 yrs. Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real MM S/L Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. MM S/L 30-year 30 yrs. 40-year MM S/L 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

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

August 15, 2023

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.

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.

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

August 15, 2023

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**

33. Number of volunteers

Two Year Comparison Report

2021 & 2022 07/01/22 06/30/23 For calendar year 2022, or tax year beginning ending

Name Taxpayer Identification Number

Lean Ensemble Theater 47-2994571 2021 **Differences** 2022 1. Contributions, gifts, grants 171,396 214,078 42,682 1. 2. Membership dues and assessments 3. Government contributions and grants 217,939 53,950 -163,989 3. 93,173 186,354 93,181 4. Program service revenue 4. 5. Investment income 5. **6.** Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 482,508 454,382 -28,126**12. Total revenue.** Add lines 1 through 11 12. 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 62,000 62,000 15. **15.** Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 99,476 123,271 23,795 16. 17. Professional fundraising fees 17. 18. Other professional fees 4,500 4,722 222 18. 6,774 19. Occupancy, rent, utilities, and maintenance 31,836 38,610 19. 1,697 1,760 63 20. Depreciation and Depletion 20. 199,963 221,595 21,632 21. **21.** Other expenses 399,472 451,958 52,486 22. Total expenses. Add lines 13 through 21 22. 83,036 2,424 -80,61223. Excess or (Deficit). Subtract line 22 from line 12 23. 482,508 454,382 -28,126 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 93,181 26. Total excludable revenue 93,173 186,354 26. 290,204 296,386 6,182 27. Total assets 27. 34,148 37,906 3,758 28. Total liabilities 28. 29. Retained earnings 256,056 258,480 2,424 29. 30. Number of voting members of governing body 30. 12 12 31. Number of independent voting members of governing body 12 11 31. 3 32. Number of employees

25

33.

44

Form 990	Tax Return History						
Name	Lean Ensemble Theater	Employer Ide 47-299	entification Number 94571				

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	184,825	225,299	153,670	389,335	268,028	
Membership dues						
Program service revenue	138,987	88,437	6,977	93,173	186,354	
Capital gain or loss						
nvestment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	323,812	313,736	160,647	482,508	454,382	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc	48,780	48,000		62,000	62,000	
Other compensation	79,323	85,653	96,898	99,476	123,271	
Professional fees	5,827	5,623	4,300	4,500	4,722	
Occupancy costs	24,980	34,110	12,810	31,836	38,610	
Depreciation and depletion	655	1,571	1,572	1,697	1,760	
Other expenses	149,115	114,512	42,325	199,963	221,595	
Total expenses	308,680	289,469	157,905	399,472	451,958	
Excess or (Deficit)	15,132	24,267	2,742	83,036	2,424	
	202 010	212 526	160 640	400 500	454 200	
Total exempt revenue	323,812	313,736	160,647	482,508	454,382	
Total unrelated revenue	100.00	00 405	6 000	00.450	106 254	
Total excludable revenue		88,437	6,977	93,173	186,354	
Total Assets	173,752	189,721	210,549	290,204	296,386	
Total Liabilities	27,741	19,443	37,529	34,148	37,906	
Net Fund Balances	146,011	170,278	173,020	256,056	258,480	

Filing Instructions

Lean Ensemble Theater

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/23 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

6/30_{.20} 23 $7/01_{\dots, 2022, \text{ and ending} \dots}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year beginning ... Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

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. 454,382 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a Form 990 check here 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 V, 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 **b** Tax due (Form 5330, Part II, line 19) **9b** 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 an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 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. _____ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 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 2022 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. 08/15/23 **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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Patrick P. Carey, Jr., CPA ERO's signature

08/15/23

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

990 Form

Return of Organization Exempt From Income Tax

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.

For the 2022 calendar year, or tax year beginning 07/01/22 , and ending

Department of the Treasury Internal Revenue Service

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

06/30/23

OMP N	4545	- 0047								
OMB No. 1545-0047 2022										
Open to Public Inspection										
ntification n	umber									
4571										
nber 5-667	6									
i	454	4,382								
inates?										
	Yes	No No								
nstructions										

В	Check if a Address c	·		D Employer	identification number
Ħ	Name cha	Doing business as			994571
\equiv	Initial retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone 843 -'	number 715-6676
_	Final retur			1010	723 0070
닏	terminated	Hilton Head Island SC 29928		G Gross rec	eipts \$ 454,382
Ш	Amended			G Gloss led	
	Application	Blake White	H(a) Is this a gr	oup return for s	ubordinates? Yes X No
		32 Office Park Road, Suite 102	H(b) Are all sul	bordinates incl	uded? Yes No
		Hilton Head Island SC 29928	If "No,	," attach a list.	See instructions
$\overline{}$	Tax-exem	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website:		H(c) Group exe	emption numbe	r
т к			Year of formation: 2		M State of legal domicile: SC
	Part I	Summary	roar or formation		otato di logal dolliono
_		Briefly describe the organization's mission or most significant activities:			
4	' -	Lean Ensemble Theater embraces theater's vibrant relevant	vance thro	ugh di	verse.
Governance	-	ensemble based programming which compels thought, spar			
rna		inspires dialogue.			
ove.	2 0	Check this box if the organization discontinued its operations or disposed of more than 25	% of its not asse	 ate	
		Number of voting members of the governing body (Part VI, line 1a)			12
•ඊ ග	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		3	11
Activities	5 7	Total number of individuals employed in calendar year 2022 (Part V, line 1a)		5	3
≨		Total acceptant of colorate and (actions to if acceptant)			44
ĕ				···	0
	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
	D I	Net unrelated business taxable income from Form 990-1, Fart I, line 11	Prior Ye		Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		9,335	268,028
		Program service revenue (Part VIII, line 2g)		3,173	186,354
.ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,	0
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,508	454,382	
		Create and similar amounts poid (Part IV solumn (A) lines 1.2)		_,	0
		Benefits paid to or for members (Part IX, column (A), lines 1–3)			0
	15 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16	1,476	185,271
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		_,	0
en Seu	10a	Tatal from dual-language area and Cart IV and response (D) line OF			
Ξ	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23	7,996	266,687
	18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,472	451,958
		Revenue less expenses. Subtract line 18 from line 12		3,036	2,424
ъў.		torondo 1000 expensees. Cabildot into 10 from into 12	Beginning of Cu		End of Year
Net Assets or	20 7	Total assets (Part X, line 16)	29	0,204	296,386
ASS	21 7	Total liabilities (Part X, line 26)	3	4,148	37,906
Fee	22 1	Net assets or fund balances. Subtract line 21 from line 20	25	6,056	258,480
F	Part II	Signature Block			
U	Inder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	nents, and to the bo	est of my kn	owledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	r has any knowledo	ge.	
Siç	gn	Signature of officer		Date	
He	re	Blake White Executive	Director	r	
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em	ployed P00033247
Pre	parer	Firm's name Carey & Company P.A.	F	Firm's EIN	57-0927046
Use	e Only	70 Main Street, Suite 100			
		Firm's address Hilton Head Island, SC 29926		Phone no.	843-681-4430
1/0	v tho ID	2S discuss this raturn with the preparer shown above? See instructions			Y Vos No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
е	Briefly describe the organization's mission: Lean Ensemble Theater embraces theater's vibrant relevance throughnessemble based programming which compels thought, sparks emotion inspires dialogue.	n and
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
I f a	(Code:)(Expenses \$ 400,568 including grants of \$)(Revenue \$ Lean Ensemble Theater is a professional performing arts based conded in 2015. In the 2022/2023 season the Theater produced saddition, the Theater provided educational programs throughout to the season.	plays. In the course
	(Code:) (Expenses \$ including grants of \$) (Revenue \$ \\ \bar{\sqrt{A}}	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$ \ \forall / \textbf{A})
44	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 400,568)

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)			x
_	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,	_		x
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	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,"	-		-22
Ü	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	<u> </u>		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt pogetiation convices? If "Voe." complete Schodule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
. •	as in quasi and quanta 2 ff "Vas " complete School de D. Davit V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. •		
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			.
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	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 200, did the organization attach a copy of its guidited financial statements to this return?	20a		
b 21	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
	aomosio government en latin, column (m, interit les, complete conecute i, fallo l'allu II	41		

					Ye	s	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			2:	2	4	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 compensa	ted					
	employees? If "Yes," complete Schedule J			2:	3	+	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line and the state of t	nes 24	b				37
	through 24d and complete Schedule K. If "No," go to line 25a					+	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24	D	+	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	e year		24			
	to defease any tax-exempt bonds?			24	_	+	
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		ofit		u	+	
25a		ss ben	eni	25			х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	o pric			a	+	
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9						
	If "Yes," complete Schedule L, Part I	99U-EZ	. f	25	<u>.</u>		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an					+	
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	y curre	1111				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			20			х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	oo ko			_	+	<u></u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		у				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the						
	nersons? If "Yes " complete Schedule I Part III	.00		27	,		х
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	edule L					
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		-,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor? If				Т	
	"Yes," complete Schedule L, Part IV			28	a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28	b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	If					
	"Yes," complete Schedule L, Part IV			28	С		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ıle M		29	9		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed					
	conservation contributions? If "Yes," complete Schedule M			30)		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	ule N,	Part I	3	1		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			33	2		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33	3		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par						
	or IV, and Part V, line 1			34	1		Х
35a	D'd the comparison than become a controlled and the college than an arrangement and the E40/b\/40\0			35	а		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	а					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	2		35	b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate	ole					
	related organization? If "Yes," complete Schedule R, Part V, line 2			30	5	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	n				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Part V	l	3	7	4	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b aı	nd				
	19? Note: All Form 990 filers are required to complete Schedule O.			38	3 X		
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	,					\Box
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	<u></u>	٠.,	<u>Ш</u>
		1 .	۱ ۵-		Ye	s	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	25				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						,
	reportable gaming (gambling) winnings to prize winners?			10	:		X

Pa	rt 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			3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a												
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	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	nts (FBAR).	_		37							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion'?											
C				<u>5c</u>									
6a	and a second												
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			6a		X							
b	gifts were not toy doductible?			6b									
7	Organizations that may receive deductible contributions under section 170(c).												
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods											
-	and convices provided to the pover?			7a									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?												
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was												
	required to file Form 8282?			7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	t?	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	ion fil	e a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-											
	sponsoring organization have excess business holdings at any time during the year?			8									
9	Sponsoring organizations maintaining donor advised funds.												
а													
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b									
10	Section 501(c)(7) organizations. Enter:		I										
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: Gross income from members or shareholders	11a	I										
a	Gross income from other sources. (Do not net amounts due or paid to other sources	па		-									
D	against amounts due or received from them	11b											
1 2 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year												
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
	le the experiencian licensed to issue qualified 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 experience receive any payments for indeer tenning convices during the toy year?			14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule												
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or										
	excess parachute payment(s) during the year?			15		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 activi												
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17									
	II I GO. GOTTUTETE I UTITI UUUD.												

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 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 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 X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process 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? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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. See the 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.

_		Ì								
				(O Pos	C) ition					
(A) Name and title	(B)	(do	(do not check more than					(D)	(E)	(F) Estimated amount
Name and title	Average hours		box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	of other			
	per week				from the	from related	compensation			
	(list any	Individual trustee or director	Institutional	Officer	Key employee	eng High	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	/idua	tutio	Ĕ	em	est	ner	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
	organizations	of #	nal		ploy	Com		10001120)	10001120)	
	below	uste	trustee		8	lpen:				
	dotted line)	Ф	tee			Highest compensated employee				
(1) Myla Lerner										
	4.00									
President	0.00	X		x				0	0	0
(2) Cathy Nairne		+				\vdash				
(2) Cacity Natitie	2.00									
								_	_	
Secretary	0.00	X		Х				0	0	0
(3) Lisa Snider										
	2.00									
Treasurer	0.00	X		X				0	0	0
(4) Joe Maguire										
	2.00									
Member	0.00	x		x				0	0	0
(5) Randie Wolfe		1								
(0) 114114115 1151115	2.00									
Member	0.00	x						0	0	0
	0.00	<u> </u>		_		\vdash		U	U	<u> </u>
(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										
(0, 0 = 0 = 0 = 0 = 0 = 0	2.00									
Member	0.00	X						0	0	0
(9) Janice McKelvey	0.00	<u> </u>		_		\vdash		0	<u> </u>	<u> </u>
(9) Janice McKelvey	0.00									
	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										
· ,	2.00									
Member	0.00	X						0	0	0
richioci	0.00	Λ		l	<u> </u>			<u> </u>	<u> </u>	Form QQ ((2022)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for							(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		anizatior d organ		S
(12	2) Blake White	40.00												
Exe	ecutive Director	40.00	x		x				62,000	0				0
	Subtotal								62,000					
c d	Total from continuation sheet Total (add lines 1b and 1c)								62,000					
2	Total number of individuals (in reportable compensation from	cluding but not li	imite							\$100,000 of	•			
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, tru <i>J foi</i>	stee	, key	/ em	ploy	ee, or highest compensated	d		3	Yes	No X
4	For any individual listed on line organization and related organ individual	e 1a, is the sum nizations greater	of rother	eport 1 \$15	table 50,00	con 00? /	npen: If "Ye	satic s," o	on and other compensation complete Schedule J for succession	from the ch		4		х
5	Did any person listed on line of for services rendered to the o	la receive or acc	crue	com	pens	atio	n froi	m ar	ny unrelated organization or			5		Х
Sect 1	ion B. Independent Contractor Complete this table for your fire		onec	ntod	indo	oond	lont (conti	ractors that received more t	han \$100,000 of				
	compensation from the organize	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.		(C)	
	Name and	(A) business address							Descript	(B) ion of services		Com	(C) pensati	on
											\longrightarrow			
	Total number of independent	contractors (inclu	ıdina	hut	not	limita	od to	the	se listed above) who					
2	received more than \$100,000	of compensation	idirig <u>i f</u> ror	n the	e orç	janiz	ation	น 103 ใ	se listed above) WHO	0				

Pa	rt V			f Revenue edule O conta	ains a	respor	nse or note t	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	1a	Federated camp	naigns		1a						
iran	b	Membership due	00		1b						
A G	c	Fundraising eve			1c						
ifts ar /	d	Related organiz			1d						
ã, Bi	e	Government grants (c		ns)	1e		53,950				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	gifts, gra	ants,	1f		214,078				
ᅙᇎ	g	Noncash contributions			1g	c					
Sag	h	Total. Add lines						268,028			
<u></u>	- ''	Total. Add lines	i ia-ii				Business Code	200,020			
4)	2a	General ti	ake+	calec			Business Code	179,714	179,714		
Program Service Revenue	za b	Advertising						4,900	4,900		
Ser	C	Other Inco						1,740	1,740		
an see	d	*						27,10	17,10		
og:	u										
Pr		All other program		vico rovonuo							
	q							186,354			
	3	Investment inco						100/331	I		
		other similar am	`	,	•	,					
	4	Income from inv									
	5	Royalties									
		rtoyanoo		(i) Real			Personal				
	6a	Gross rents	6a	()		()					
	b	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c				-				
	d	Net rental incom		loss)							
		Gross amount from	10 01 ((i) Securities) Other				
		sales of assets	7a	(1) 0000111100		(,				
ø	h	other than inventory Less: cost or other									
Revenue	"	basis and sales exps.	7b								
ě	_	Gain or (loss)	7c				-				
ت ح	l	Net gain or (loss)									
Other		Gross income from									
0	Oa	(not including \$		-							
		of contributions rep		nn line							
		1c). See Part IV, lin	no 10		8a						
	ь	Less: direct exp			8b						
		Net income or (
	l	Gross income fr	,	•							
	"	activities. See P	_	-	9a						
	ь	Less: direct exp			9b						
		Net income or (0.0						
		Gross sales of i									
		returns and allo		•	10a						
	ь	Less: cost of go			10b						
		Net income or (I									
<u> </u>			,				Business Code				
Miscellaneous Revenue	11a										
ane nue	b										
Se Se	c										
Alsc Re	d	All other revenue									
~	l .	Total. Add lines									
		Total revenue.						454,382	186,354	0	0

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

Pa	rt IX Statement of Functional Ex	penses			
Secti	ion 501(c)(3) and 501(c)(4) organizations must c			mplete column (A).	
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,000	46,500	15,500	
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	7,677	5,758	1,919	
10	Payroll taxes	7,077	3,730	±,,,±,	
11	Fees for services (nonemployees):				
a b	Management				
c	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	Travel	34,387	34,387		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,760	1,572	188	
23	Insurance	740	555	185	
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Housing	41,057	41,057		
b	Scenary/Lighting	21,372	21,372		
С	Merchant fees	15,699	15,699		
d	Printing and reproduction	12,454	12,454		
	All other expenses	36,214	31,720	4,494	
25 26	Total functional expenses. Add lines 1 through 24e	451,958	400,568	51,390	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	10110VVIIIQ JUI 10-2 (MJU 1JU-12U)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			246,618	1	283,395
2		-	2			
3	Pledges and grants receivable, net		· · · · · · · · · · · · · · · · · · ·	23,001	3	
4	A a a a constant a a a a a constant a a a a a a a a a a a a a a a a a a			-	4	
5	Loans and other receivables from any current or fo					
	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these	persons			5	
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			10,934	9	5,100
10a	a Land, buildings, and equipment: cost or other		.]			
	basis. Complete Part VI of Schedule D	10a	11,942			
b	Less: accumulated depreciation		7,254	6,448	10c	4,688
11					11	
12					12	
13		1			13	
14					14	
15	-			3,203	15	3,203
16		ine 33)		290,204	16	296,386
17	-	-	17	•		
18			18			
19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		19		
20			· · · · · · · · · · · · · · · · · · ·		20	
21	Escrow or custodial account liability. Complete Part	t IV of Sch	edule D		21	
22						
	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these				22	
23			es		23	
24		nird parties	- · · · · · · · · · · · · · · · · · · ·		24	
25						
	parties, and other liabilities not included on lines 17					
	of Schedule D	,		34,148	25	37,906
26	Total liabilities. Add lines 17 through 25			34,148	26	37,906
	Organizations that follow FASB ASC 958, check			•		•
	and complete lines 27, 28, 32, and 33.	_	_			
27	All a second sec			256,056	27	258,480
28	Not access with decision and the Cons		-	28	-	
	Organizations that do not follow FASB ASC 958					
	and complete lines 29 through 33.					
29					29	
30					30	
31	Retained earnings, endowment, accumulated incon	ne, or othe	r funds		31	
32	Total and annuts on fixed balances			256,056	32	258,480
33				290,204	33	296,386

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				\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4.	51,9		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4 56,0	<u>424</u>	
4						
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	2	58 , 4	<u> 480</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	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?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b			

Form **990** (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. Open to Public Inspection

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

Name of t	me of the organization Employer identification number								
		Lean Ensembl					47-299		
Part			Status. (All organizations				e instruction	ons.	
	7		e it is: (For lines 1 through 12, c	-					
1 _	1		sociation of churches described i		170(b)(1)(A)(i).			
2 _	1		(A)(ii). (Attach Schedule E (Form						
3	- ·		ce organization described in sec						
4	_	-	d in conjunction with a hospital of	described	in sectio	on 170(b)(1)(A)(iii)). Enter the h	nospital's name,	
	city, and state								
5	-		of a college or university owned	or operat	ed by a g	jovernmental unit	described in		
۰ ـ	7	(b)(1)(A)(iv). (Complete Part	·	aatian 1	70/6\/4\/				
6 –	1		governmental unit described in s				ronoral nublic		
7 _	-	section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	m a gove	emmentai	unit or from the g	general public	<i>;</i>	
8	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	II.)					
9		=	cribed in section 170(b)(1)(A)(i				-	ge	
	or university of university:		of agriculture (see instructions). I			ty, and state of the	e college or		
10 X	An organizati) more than 33 1/3% of its supp			ons, membership f	fees, and gro	ss	
	receipts from	activities related to its exem	npt functions, subject to certain e	exceptions	s; and (2)	no more than 33	1/3% of its		
	• •	•	nd unrelated business taxable in	`		,	ısinesses		
44 🗀	1 · · · · ·	•	0, 1975. See section 509(a)(2).			•			
11		•	exclusively to test for public safe exclusively for the benefit of, to p	•			t the	and of	
12	_		ions described in section 509(a			,			
			scribes the type of supporting or					- Cricon	
а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	pported o	organization(s), typ	oically by givi	ng	
	_		ver to regularly appoint or elect a						
	supporting	g organization. You must c	omplete Part IV, Sections A ar	nd B.					
b			pervised or controlled in connec			•			
		•	ting organization vested in the s	ame pers	sons that	control or manage	e the support	ed	
_		•	Part IV, Sections A and C.	:			:	مادا.	
С			supporting organization operated structions). You must complete				integrated w	ntn,	
d		• ,,,	1. A supporting organization ope				ed organizatio	on(s)	
		, ,	e organization generally must sa				Ū	` '	
	requireme	ent (see instructions). You r	nust complete Part IV, Section	s A and	D, and P	art V.			
е			eived a written determination fro on-functionally integrated support			s a Type I, Type II	, Type III		
f		mber of supported organizati	, , , , , , , ,	0 0					
g	Provide the fe	following information about the	ne supported organization(s).					• • • • • • • • • • • • • • • • • • • •	
(i) Naı	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of r	monetary	(vi) Amount	of
0	rganization		(described on lines 1–10		ur governing	support (s		other support	
	above (see instructions)) document? instructions) instructions)						5)		
(A)				Yes	No				
(A)									
(B)									
` '									
						i			

(C)			
(D)			
(E)			
Total			

Page 2

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

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

Sec	tion A. Public Support					•		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public So							
14	Public support percentage for 2022 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%_
15	Public support percentage from 2021 Sche	edule A, Part II, lin	e 14				15	<u>%</u>
16a	33 1/3% support test—2022. If the organ				33 1/3% or more,	check this		
	box and stop here. The organization qual							L
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							
b	10%-facts-and-circumstances test—202	21. If the organizat	ion did not check a	a box on line 13, 10	6a, 16b, or 17a, an	id line		
	15 is 10% or more, and if the organization				-	•		
	in Part VI how the organization meets the	facts-and-circums	tances test. The c	organization qualifie	es as a publicly sup	oported		
4.5	organization							
18	Private foundation. If the organization did							
	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	, ,		, 1	'	,	
Caler	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	104 005	225 222	152 680	200 225	262,022	1 001 155
	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		# > 22.42	() 2222	(N 222 (() 2222	
	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	313,736	160,647	482,508	454,382	1,735,085
14	First 5 years. If the Form 990 is for the o			•			
	organization, check this box and stop her	е					
Sec	tion C. Computation of Public S	<u> </u>					
15	Public support percentage for 2022 (line 8						92.46%
16	Public support percentage from 2021 Sch					16	94.91%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2022 (3, column (f))			<u>%</u>
18	Investment income percentage from 2021						<u>%</u>
19a	33 1/3% support tests—2022. If the orga						X
h	17 is not more than 33 1/3%, check this b		=				
b	33 1/3% support tests—2021. If the orgal line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization die		-			-	_
	3		,,				··· 🗀

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.
- 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		
-	3с		
	4a		
	4b		
	4c		
	5a		
-	5b		
-	5c		
	6		
	7		
L	8		
H	9a		
	9b		
	9с		
	10a		
Ī			
Sche	10b dule A	(Form 9	990) 2022

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<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 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			
		$\neg \neg$	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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,			
04	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 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	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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)		
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 on line 2a, above, constitute activities that, but for the organization's			
D	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			
		26		
•	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> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	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	21		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	ganizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.	ov. 20, 1	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations mu	ist compl	ete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I noi Teai	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type III	supporting organization	
(see instructions).			

Schedule A (Form 990) 2022

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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	1			
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purposes of supp	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	
	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	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable 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				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from				
4	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				
•	and 4c.				
8	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	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, tion C, line 1; F rt V, Section B,	3c, 4b, 4c, 5a, 6 Part IV, Section I line 1e; Part V,	red by Part II, line 10; 5, 9a, 9b, 9c, 11a, 11b D, lines 2 and 3; Part I Section D, lines 5, 6, information. (See instru	o, and 11c; Part IV, V, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
•							
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Lean Ensemble Theater

47-2994571

DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

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

OMB No. 1545-0047

Name of the organization

Lean Ensemble Theater

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

Schedule of Contributors

Employer identification number

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				
, ,	zation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
or more (in n	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 money or property) from any one contributor. Complete Parts I and II. See instructions for determining a total contributions.				
Special Rules					
regulations u	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the inder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or it received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, of literary, or ed	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.				
contributor, c contributions during the ye General Rul	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, contributions exclusively for religious, charitable, etc., purposes, but no such totaled more than \$1,000. If this box is checked, enter here the total contributions that were received ear for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the le applies to this organization because it received nonexclusively religious, charitable, etc., contributions 00 or more during the year	\$			
Caution: An organiz must answer "No" or	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but a 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 esn't meet the filing requirements of Schedule B (Form 990).				

Name of organization

Lean Ensemble Theater

Employer identification number 47-2994571

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total 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.

2022
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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

Part III Organizations Maintaining	Collections of	Art, Historical T	reasures, or Ot	her Simi	lar A	ssets	(contin	ued)	
3 Using the organization's acquisition, accession collection items (check all that apply):	n, and other records	s, check any of the fo	llowing that make sig	gnificant us	e of its	3			
a Public exhibition		Loan or exchange pr							
b Scholarly research	е	Other							
c Preservation for future generations	lastians and avalais	bourthouthurthortho	arganization's aver	nt numana	in Dor				
4 Provide a description of the organization's col XIII.	lections and explain	i now they further the	organization's exem	pi purpose	ın Pai	ı			
	raccius danations	of out biotoxical trace	roo or other cimiler						
5 During the year, did the organization solicit or							ΠYe		1 Na
assets to be sold to raise funds rather than to Part IV Escrow and Custodial Arra		part of the organization	on's collection?					<u>s</u>	No
Complete if the organization	•	on Form 900 P	art IV line 0 or r	anartad a	an am	ount o	n Eorn	1	
990, Part X, line 21.	alisweled les	011 1 01111 990, F	ait iv, iiile 9, 0i i	eporteu a	all all	iourit o	11 1 0111	'	
1a Is the organization an agent, trustee, custodia	n or other intermed	lion, for contributions	or other essets not						
		•					☐ Ye	<u>,</u> _	No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII a	and complete the fe						☐ 1¢	s] NO
b ii res, explain the anangement in Fatt Alli a	and complete the ic	bilowing table.					Amoun		—
c Reginning halance					1c		7 ti i i i i i		
c Beginning balance									
d Additions during the year					1e				
e Distributions during the year									
f Ending balance2a Did the organization include an amount on Fo	rm 000 Part V line	21 for occrow or cu	stodial account liabili	 tv2	$\overline{}$		ΠYε		No
b If "Yes," explain the arrangement in Part XIII.								_	- 140
Part V Endowment Funds.	Check here ii the e	Apianation has been p	Diovided on Fait Alli						
Complete if the organization	answered "Yes"	on Form 990 P	art IV line 10						
Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year	s back	(e) Fou	vears	back
1a Beginning of year balance	(a) carrers year	(a) i noi year	(c) The years back	(4)		o baon	(0) . 00	- youro	-
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 curre	nt vear end halance	e (line 1a. column (a)) held as:						
a Board designated or quasi-endowment		c (iiiic 1g, coluiniii (a)	, riola ao.						
b Permanent endowment %									
c Term endowment %									
The percentages on lines 2a, 2b, and 2c shou	ıld egual 100%.								
3a Are there endowment funds not in the posses		ation that are held and	d administered for the	Э					
organization by:								Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations									
b If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on Schedule R?					3b		
4 Describe in Part XIII the intended uses of the									
Part VI Land, Buildings, and Equip									
Complete if the organization		on Form 990, Pa	art IV, line 11a. S	ee Form	990.	Part X	, line 1	0.	
Description of property	(a) Cost or other		· I	(c) Accumulate			(d) Book		
	(investment)	(ot	ner)	depreciation					
1a Land									
b Buildings									
c Leasehold improvements	c Leasehold improvements								
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must ed		t X, column (B), line	10c.)						

Schedule D (F	orm 990) 2022 Lean Ensemble The	iter	4/-29945/1	Page
Part VII	Investments – Other Securities.	o" on Form 000 Port IV lin	o 11h Coo Form 000 Dort	V line 10
	Complete if the organization answered "Yes	(b) Book value	(c) Method of value	
	(including name of security)	(b) book value	Cost or end-of-year ma	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(A)				
(E)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	o" on Form 000 Dort IV lin	- 11- Coo Form 000 Don't	V line 10
	Complete if the organization answered "Yes		(c) Method of value	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) Book value	Cost or end-of-year ma	
<u>/1</u>)			See of one or your me	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes		e 11d. See Form 990, Part	
(4)	(a) Descript	ion		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yelline 25.	s" on Form 990, Part IV, lin	e 11e or 11f. See Form 99	0, Part X,
(4) Forderel	(a) Description of	of liability		(b) Book value
· /	income taxes aid subscriptions			26,49
` '	aid flex pass			8,45
` '	oll liabilities			2,62
· ,	aid Tickets			34
(6)				
(7)				
(8)				
(8)				37,90

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		r Return.	
_	Complete if the organization answered "Yes" on Form 990,			
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	20		
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities	20 2c		
۲ C	Recoveries of prior year grants Other (Describe in Part XIII.)	2d		
d	Other (Describe in Part XIII.)		2e	
е 3	Add lines 2a through 2d		3	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add these As and Ale		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
L .		4b		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Tr XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Tr XIII Supplemental Information.	IV, lines 1b and 2b; Part V, line	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	IV, lines 1b and 2b; Part V, line de any additional information.	5	
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Schedule D (Fo	orm 990) 2022	Lean	Ensemble	Theater	47-2994571	Page 5
Part XIII	Supplementa	al Infor	mation (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

Open 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	4/-29945/1
Form 990, Part III, Line 4d - All Other Accomplishment	ts
Lean Ensemble Theater is a professional performing art	ts based company
founded in 2015. In the 2022/2023 season the Theater	produced 5 plays. In
addition, the Theater provided educational programs the	hroughout the course
of the season.	
Form 990, Part VI, Line 11b - Organization's Process t	to Review Form 990
Will be reviewed by the Treasurer, Artistic and Execut	tive Director and
Board Chair prior to filing	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	s Policy
Conflict of interest statement is signed and reviewed	annually
Form 990, Part VI, Line 15a - Compensation Process for	r Top Official
All Compensation matters are approved by the Executive	e Comittee of the
Board of Directors	
Form 990, Part VI, Line 19 - Governing Documents Disc	losure Explanation
Governing documents are available to the public upon :	request

Form **4562**

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

tachment equence No. 179

Name(s) shown on return Identifying number 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. 1,080,000 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) 2,700,000 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 (b) Cost (business use only) 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 2021 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 2023. 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 1,571 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 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 2022 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 (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2022 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 Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,571 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

2258 Lean Ensemble Theater

47-2994571

Federal Statements

8/15/2023 1:31 PM

FYE: 6/30/2023

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

Description	<u>E</u>	Total xpenses	Program Service	agement & General	 Fund Raising
Other Expense	\$	6,954	\$ 6,342	\$ 612	\$
Education Meals - Admin		6,343 5,709	4,757 5,208	1,586 501	
Outside Contract		5,695	5,695	301	
Telephone		4,054	3,041	1,013	
Film and editing		3,750	3,750		
Dues and subscriptions		3,127	2,345	782	
Supplies		582	 582		
Total	\$	36,214	\$ 31,720	\$ 4,494	\$ 0

2258 Lean Ensemble Theater
47-2994571 Federal Statements
FYE: 6/30/2023

Schedule A, Part III, Line 1(e)

8/15/2023 1:31 PM

Description	 Amount
ATAX Grants	\$ 53,950
Shuttered Venue	
Paycheck Protection Program	
Contributions	174,078
Grants	 40,000
Total	\$ 268,028

Schedule A, Part III, Line 2(e)

Description	Amount
Advertising sales	\$ 4,900
General ticket sales	179,714
Other Income	1,740
Total	\$ <u>186,354</u>

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

Donor Name		2018				2019		2020		2021		2022
	\$	21,700	\$_	39,423	\$_		\$	16,500	\$	53,175		
Total	\$	21,700	\$_	39,423	\$_	0	\$_	16,500	\$_	53,175		

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

For calendar year 2021, or tax year beginning 07/01/21, ending 0

06/30/22

2020 & 2021

Name

Taxpayer Identification Number

Ι	ıea	an Ensemble Theater				47-2	994571
				2020	2021		Differences
	1.	Contributions, gifts, grants	1.	142,197	17	1,396	29,199
	2.	Membership dues and assessments	2.				
	3.	Government contributions and grants	3.	11,473	21	7,939	206,466
n e	4.	Program service revenue	4.	6,977	9	3,173	86,196
_	5.	Investment income	5.				
>	6.	Proceeds from tax exempt bonds	6.				
R e		Net gain or (loss) from sale of assets other than inventory	7.				
	8.	Net income or (loss) from fundraising events	8.				
		Net income or (loss) from gaming	9.				
	10.	Net gain or (loss) on sales of inventory	10.				
		Other revenue	11.				
	12.	Total revenue. Add lines 1 through 11	12.	160,647	48	2,508	321,861
	13.	Grants and similar amounts paid	13.				
		Benefits paid to or for members	14.				
S	15.	Compensation of officers, directors, trustees, etc.	15.		6	2,000	62,000
S	16.	Salaries, other compensation, and employee benefits	16.	96,898	9	9,476	2,578
e	17.	Professional fundraising fees	17.				
α	18.	Other professional fees	18.	4,300		4,500	200
Ш	19.	Occupancy, rent, utilities, and maintenance	19.	12,810	3	1,836	19,026
		Depreciation and Depletion	20.	1,572		1,697	125
		Other expenses	21.	42,325		9,963	157,638
	22.	Total expenses. Add lines 13 through 21	22.	157,905		9,472	241,567
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	2,742	8	3,036	80,294
	24.	Total exempt revenue	24.	160,647	48	2,508	321,861
	25.	Total unrelated revenue	25.				
ion	26.	Total excludable revenue	26.	6,977	9	3,173	86,196
nat	27.	Total assets	27.	210,549	29	0,204	79,655
Information	28.	Total liabilities	28.	37,529		4,148	-3,381
=	29.	Retained earnings	29.	173,020	25	6,056	83,036
her	30.	Number of voting members of governing body	30.	13	12		
ŏ	31.	Number of independent voting members of governing body	31.	12	12		
	32.	Number of employees	32.	2	2		
	33.	Number of volunteers	33.	25	25		

Form 990 Tax Return History 2021

Name

Lean Ensemble Theater

Employer Identification Number 47-2994571

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	154,092	184,825	225,299	153,670	389,335	
Membership dues						
Program service revenue	128,908	138,987	88,437	6,977	93,173	
Capital gain or loss						
nvestment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	283,000	323,812	313,736	160,647	482,508	
Grants and similar amounts paid						
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		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	239,053	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

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7/01 , 2021, and ending 6/3U, 20 44... For calendar year 2021, or fiscal year beginning

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 \blacktriangleright 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 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. _____ 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

Signature of officer or person subject to tax

Certification and Authentication

return's disclosure consent screen.

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

57507812345

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.

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

Patrick P. Carey, Jr., CPA

of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So 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) u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 Open to Public

Department of the Treasury Internal Revenue Service u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 07/01/21 , and ending 06/30/22 For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization 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 terminated Hilton Head Island SC 29928 482,508 **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? Hilton Head Island SC 29928 If "No," attach a list. See instructions X 501(c)(3) 501(c) () t (insert no.) Tax-exempt status www.leanensemble.org Website: U $\mathbf{H}(\mathbf{c})$ Group exemption number \mathbf{U} Year of formation: 2015 Form of organization: X Corporation Trust Association Other ${f u}$ 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 u | 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2021 (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 8 Contributions and grants (Part VIII, line 1h) 153,670 389,335 9 Program service revenue (Part VIII, line 2g) 6,977 93,173 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 160,647 482,508 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) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 96,898 161,476 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ${f u}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,007 237,996 157,905 399,472 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,742 83,036 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 210,549 290,204 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 37,529 34,148 ĕĕ 22 Net assets or fund balances. Subtract line 21 from line 20 173,020 256,056 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 Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 Preparer 57-0927046 Carey & Company P.A. Firm's name Firm's EIN } **Use Only** 70 Main Street, Suite 100

29926

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

Hilton Head Island, SC

843-681-4430

Pa				complishments onse or note to an	y line in this Part II	l	X
1		the organization's m					
L	ean Ense	emble Theat	er embrac	es theater's	s vibrant re	levance th	rough diverse,
				hich compels			
		dialogue.					
	~~. \$						
2	Did the organize	ation undertake any s	significant program s	ervices during the year	which were not listed on	the	
	prior Form 990	000 F70					Yes X No
	•						les 🖭 No
		be these new services		and the same to the same	. 1 . 1		
	-	ation cease conductir	ng, or make significa	nt changes in how it con	nducts, any program		□.,
	services?						Yes X No
	If "Yes," describ	e these changes on	Schedule O.				
			•	ments for each of its thre		•	
	expenses. Sect	ion 501(c)(3) and 50°	1(c)(4) organizations	are required to report the	ne amount of grants and	l allocations to others,	
	the total expens	ses, and revenue, if a	any, for each program	m service reported.			
4a	(Code:) (Expenses \$		including grants of	of \$) (Revenue	\$ 93 , 173
L	ean Ense	mble Theat	er is a p	rofessional	performing	arts based	company
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4b	(Code:) (Expenses \$		including grants of	of \$) (Revenue	\$
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4d	Other program	services (Describe or	n Schedule ()				
	(Expenses \$		39 including gra	ants of \$	\	ι <u>ο</u> \$	1
		service expenses u	Q F	53,039) (Revenu	и ф	J
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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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3,5
_	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,	_		v
	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 0		<u> </u>
′	the environment historic land greas or historic etructures? If "Vas." complete Schedule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.5
	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	40-		v
_	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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,	174		
	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		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		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

- '	oncomic of required concurred (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	I		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				3,5
	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?	254		х
26	If "Yes," complete Schedule L, Part I	25b		
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%	200		х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	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			
	parcanc? If "Van" complete Schodule I. Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		x	
	19? Note: All Form 990 filers are required to complete Schedule O.	38		
r	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			
	Shock if Ochequie O contains a response of note to any lifte in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	10		x

_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			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,	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 Acceptable 114, Report of Financial Ac	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).	1.				
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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		
С	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:	ı	ı			
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:	ı	I			
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
40:	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 1		r · · · · · · · · · · · · · · · · · · ·	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Is the experiencies licensed to issue qualified health plane in more than one state?			120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
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 provides an appropriate for independent and appropriate the territory			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
	If "Yes," complete Form 4720, Schedule O.					
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.					

X

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

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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal 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?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?		11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o confli	cts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				l	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
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?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	37
b	Other officers or key employees of the organization			15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			4.0		₹.
	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			401		
500	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed u SC		(a)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section of the specific properties and the section of the	011 501	(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)					
10		t nalia.	and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	ı policy,	anu			
20	financial statements available to the public during the tax year.					
20 B	State the name, address, and telephone number of the person who possesses the organization's books and records 32 Office Park Road, Suite 102	u				
	lake White 32 Office Park Road, Suite 102 Liton Head Island SC 299	28	Ω./	3-71	5_6	676
п.	SC 255	20	04	: ン一 / エ	J-0	J / U

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			

(A) Name and title	(B) Average hours per week	bo	Position o not check more than one x, unless person is both an ficer 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										
<u></u>	4.00								•	
President	0.00	X		Х				0	0	0
(2) Mary Briggs	2 00									
775 a	2.00	\ .		.				_	0	
Vice President (3) Lisa Snider	0.00	X		X				0	0	0
(3) LISA SHIGEL	2.00									
Treasurer	0.00	$ _{\mathbf{x}}$		x				0	0	0
(4) Bo Pearson	0.00	<u>^</u>		^				<u> </u>	<u> </u>	
(4) 20 10012011	2.00									
Secretary	0.00	x		x				0	0	0
(5) Joe Maguire										
(3)	2.00									
Member	0.00	x		x				0	0	0
(6) Jan McKelvey										
	2.00									
Member	0.00	X						0	0	0
(7) Tim Ridge										
	2.00									
Member	0.00	X						0	0	0
(8) Cathy Nairne										
	2.00							_	_	_
Member	0.00	X						0	0	0
(9) Charles Russ										
<u>.</u>	2.00	l								
Member	0.00	X						0	0	0
(10) Gloria Holmes	2.00									
Member	0.00	x						o	0	0
(11) Randi Wolfe	0.00	┢┸		\vdash		\vdash		<u> </u>	0	0
(II) RAIRAT MOTTE	2.00									
Member	0.00	x						0	0	0
			<u> </u>							Form QQ ()(2024)

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	еу Е	mplo	yees	s, aı	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	of	ox, unl	Pos check ess pe and a	erson i directo	than cos both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) stimated a of othe compensa	er ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organizatio ated organ	n and	;
(12 Exe	2) Blake White ecutive Director	40.00	x		x				62,000	0			0
1b c	Subtotal							u u	62,000				
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	luding but not ling	nited	to th				u ove)	who received more than \$10	00,000 of			
3	Did the organization list any for employee on line 1a? <i>If</i> "Yes,"	complete Schedu	ıle J	for s	such	indiv	idual				 3	Yes	No X
4 5	For any individual listed on line organization and related organi individual Did any person listed on line 1	izations greater th	han	\$150	,000	? If '	Yes,	" <i>COI</i>	mplete Schedule J for such		 4		x
	for services rendered to the organization	ganization? If "Ye									 5		Х
Sect 1	ion B. Independent Contractor Complete this table for your five compensation from the organization.	e highest compe											
		(A) business address								(B) ion of services	Cor	(C) mpensatio	on
2	Total number of independent or	ontractors (includ	ing k	out n	ot lin	nited	to th	ose	listed above) who				

		(2021) Lear			Thea	ater		47	-2994571		Page \$
Pa	rt V			f Revenue edule O con	itains a	respor	nse 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
ıts Its	1a	Federated camp	paigns		1a						
3rai our	b	Membership due									
s, (Am	С	Fundraising eve	nts		1c						
Gift Iar	d	Related organization	ations		1d						
is, (e	Government grants (c			1e		217,939				
tion er S	t	All other contributions, and similar amounts no	0 0		1f		171,396				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	included	in							
ont		lines 1a-1f Total. Add lines						389,335			
0 6	n	Total. Add lines	ia-ii				Business Code	309,333			
۵.	2a	General ti	cket	sales			Business Code	89,036	89,036		
Program Service Revenue	b							4,100	4,100		
Ser	С	Other Inco						37	37		
ram Reve	d										
rogi R	е										
Д	f	All other program									
	g	Total. Add lines	2a-2f				u	93,173			
	3	Investment incor		-							
		other similar am	ounts)				u				
	4	Income from inv		•							
	5	Royalties	. <u></u>								
	_	•		(i) Real		(ii)	Personal				
		Gross rents	6a								
		Less: rental expenses	6b 6c								
		Rental inc. or (loss) Net rental incom		Occ)			11				
	7a	Gross amount from	10 10	(i) Securiti			(ii) Other				
		sales of assets other than inventory	7a	.,			.,				
<u>e</u>	b	Less: cost or other	· · · ·								
Revenue		basis and sales exps.	7b								
Rev	С	Gain or (loss)	7c								
Other	d	Net gain or (loss	s)		<u></u>		u				
d	8a	Gross income from									
		(not including \$									
		of contributions rep									
		1c). See Part IV, lii	ne 18 _.								
		Less: direct exp			8b						
		Net income or (I			events .		u				
	Эa	Gross income fr activities. See Pa			9a						
	h	Less: direct exp			9b						
		Net income or (I					u				
		Gross sales of in									
		returns and allow		•	10a						
	b	Less: cost of go			10b						
		Net income or (I			entory	<u> </u>	u				
S							Business Code				
sellaneous evenue	11a										
lane	b										
ĕ ë	С										

u

u

482,508

93,173

0

d All other revenue

e Total. Add lines 11a-11d.

12 Total revenue. See instructions

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

secti	Check if Schedule O contains a response			: сошни (А).	
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,000	53,189	8,811	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	91,475	78,475	13,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,001	6,864	1,137	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,500		4,500	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` "				
	(A) amount, list line 11g expenses on Schedule O.)	47.000	47.000		
12	• • • • • • • • • • • • • • • • • • • •	47,339	47,339	0.105	
13	Office expenses	8,789	6,592	2,197	
14	Information technology	2.455	2 455		
15	Royalties	3,457	3,457	10.010	
16	Occupancy	31,836	19,026	12,810	
17	Travel	22,778	22,778		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 607	1 571	126	
22	Depreciation, depletion, and amortization	1,697 1,478	1,571 1,109	369	
23	Other expenses, Itemize expenses not severed	1,4/0	1,109	309	
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.) Housing	41,233	41,233		
a b	Outside Contract	23,433	23,433		
	Merchant fees	11,573	11,573		
c d	Printing and reproduction	10,221	10,221		
		29,662	26,179	3,483	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	399,472	353,039	46,433	0
<u>25</u> 26	Joint costs. Complete this line only if the	333,412	333,039	10,133	<u> </u>
_0	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)				

Form 990 (2021) Lean Ensemble Theater Part X Balance Sheet

P	art >	K Balance Sheet					_
		Check if Schedule O contains a response or no	ote to any l	ne in this Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1				189,462	1	246,618
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	23,001
	4					4	
	5	Loans and other receivables from any current or form	mer officer,	director,			
		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified p					
ts		under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	la cantada e fau anta an con				8	
	9	Prepaid expenses and deferred charges		.p	10,682	9	10,934
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,942			
	b	Less: accumulated depreciation	10b	5,494	7,202	10c	6,448
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,203	15	3,203
	16	Total assets. Add lines 1 through 15 (must equal line	e 33)		210,549	16	290,204
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	V of Sched	ule D		21	
Ś	22	Loans and other payables to any current or former of	fficer, direc	tor,			
<u>lit</u> ie		trustee, key employee, creator or founder, substantia	al contributo	r, or 35%			
Liabilities		controlled entity or family member of any of these pe				22	
_	23	Secured mortgages and notes payable to unrelated t	third parties			23	
	24	Unsecured notes and loans payable to unrelated third	d parties			24	
	25	Other liabilities (including federal income tax, payable	es to relate	d third			
		parties, and other liabilities not included on lines 17-2	24). Comple	ete Part X			
		of Schedule D			37,529	25	34,148
	26	Total liabilities. Add lines 17 through 25	<u></u>		37,529	26	34,148
		Organizations that follow FASB ASC 958, check	here u				
Fund Balances		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			173,020	27	256,056
Ba	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 958,					
Ŀ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipment			30		
As	31	Retained earnings, endowment, accumulated income	e, or other	unds		31	
Net Assets or	32	Total net assets or fund balances			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,				
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))	<u>2</u> !	56,0	056			
Pa	rt XII Financial Statements and Reporting			_			
	Check if Schedule O contains a response or note to any line in this Part XII			Ш			
			Yes	No			
1	Accounting method used to prepare the Form 990: 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?	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_X_				
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b					

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Name of the organization

Lean Ensemble Theater

Employer identification number 47-2994571

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	S.		
The	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)				
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)(A)(i).			
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)					
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)).			
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hospi	tal's name,		
		city, and state	9:							
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in			
		-	(b)(1)(A)(iv). (Complete Part	•	•	, ,				
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170	(b)(1)(A)(v	<i>(</i>).			
7		-	on that normally receives a susection 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	a govern	mental un	it or from the general public			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	П	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university of university:	*							
10	X	An organization	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	ntributions	, membership fees, and gross			
		•		t functions, subject to certain exc		()				
			•	l unrelated business taxable inco , 1975. See section 509(a)(2). (11 tax) from businesses			
11			•	clusively to test for public safety.			(2)(4)			
12	Н	•	•	clusively for the benefit of, to per				of		
12	Ш	-								
		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.								
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
		supporting	g organization. You must co	mplete Part IV, Sections A and	B.					
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	on with its	supporte	d organization(s), by having			
			•	ng organization vested in the sar	ne persor	is that coi	ntrol or manage the supported			
			ion(s). You must complete I	,						
	С			upporting organization operated in ructions). You must complete P						
	d		, ,	. A supporting organization opera			•			
				organization generally must satis ust complete Part IV, Sections	-					
	_	_ `	,	ived a written determination from						
	е			-functionally integrated supporting			Type I, Type II, Type III			
	f		nber of supported organizatio							
	g		ollowing information about the							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	ganization		(described on lines 1-10	1 *	ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(D)										
(B)										
(0)										
(C)										
(D)										
(D)										
(E)										
(E)										
Toto										
Tota	<u> </u>									

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

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

Sec	tion A. Public Support	, ,		· ·				
Caler	dar 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.")							
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 dar year (or fiscal year beginning in) u	(a) 2017	(b) 2010	(a) 2010	(4) 2020	(a) 2024		(f) Total
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	+	(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. (see instructions)					12	
13	First 5 years. If the Form 990 is for the org	ganization's first, se						
	organization, check this box and stop here							▶
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2021 (line 6,	column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2020 Scheo	dule A, Part II, line	14			L	15	%
16a	33 1/3% support test—2021. If the organization	zation did not ched	k the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this		
	box and stop here. The organization qualifi	• •						▶ ∟
b	33 1/3% support test—2020. If the organization				is 33 1/3% or more	, check		
	this box and stop here. The organization q							▶ ∟
17a	10%-facts-and-circumstances test—202	· ·			•			
	10% or more, and if the organization meets				-			
	Part VI how the organization meets the fact	ts-and-circumstand	es test. The organi	zation qualifies as a	a publicly supported	d		
	organization							▶ ∟
b	10%-facts-and-circumstances test—202	-						
	15 is 10% or more, and if the organization				•			
	in Part VI how the organization meets the f		9	•	. ,			. □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			
	instructions							<u> </u>

47-2994571

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	quality under the	e tests listed bi	elow, please col	inpiete Part II.)		
	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	(0) = 0 11	(0, 2010	(0) = 0.10	(0) = 0 = 0	(0) = 0 = 1	(-)
•	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						
Sac	tion B. Total Support						1,484,080
	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	200,000	525,622	3237.00	200,027	302,000	2,000,.00
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 org	-					
<u>Soc</u>	organization, check this box and stop here tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,			(f))		15	94.91 %
16	Public support percentage for 2021 (line o,	dule A. Part III. line 1	15			16	95.12 %
	tion D. Computation of Investme						J3.12 /0
17	Investment income percentage for 2021 (lin			olumn (f))		17	%
18	Investment income percentage from 2020		r: 4-			40	%
19a	33 1/3% support tests—2021. If the organ	nization did not check					
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2020. If the organ	-	-				• <u>X</u>
	line 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	qualifies as a public	cly supported organ	nization	▶ <u></u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box an	d see instructions.		▶ 📘

Page 4

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		
	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	10a		
Sche	10b edule 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			
		3		
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. 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.	1.0).	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.	За		
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		

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	ons	
1 Check here if the organization satisfied the Integral Part Test as a qu	alifying trust on Nov. 20, 1970) (explain in Part VI). Se e	•
instructions. All other Type III non-functionally integrated supporting	organizations must complete	Sections A through E.	_
Section A – Adjusted Net Income	(B) Current Year		
	(A) Prior 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	on		
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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 am	ount,		
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		
Section 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-fund	ctionally integrated Type III su	pporting organization	

Schedule A (Form 990) 2021

(see instructions).

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Par	t V Type III Non-Functionally Integrated 509(a)(3) S	supporting Organization	ons (continuea)						
Sect	ion D – Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	S							
2	· · · · · · · · · · · · · · · · · · ·								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations							
4	Amounts paid to acquire exempt-use assets								
5_	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)							
6_	Other distributions (describe in Part VI). See instructions.								
7_	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organization	on 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	1							
Sect	ion 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								
	instructions.								
3_	Excess distributions carryover, if any, to 2021								
	From 2016								
	From 2017								
	From 2018								
	From 2019								
	From 2020								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Carryover from 2016 not applied (see instructions)								
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from								
4									
	Applied to underdistributions of prior years Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
	Remaining underdistributions for years prior to 2021, if								
J	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								
Ū	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:								
	Excess from 2017								
-	Excess from 2018								
	Excess from 2019								
	Evenes from 2020								
	Excess from 2021								
<u>`</u>				Calcadada A (Farma 000) 000					

Lean Ensemble Theater 47-2994571 Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Lean Ensemble Theater

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

Internal Revenue Service U Go to www.irs.gov/roim990 for the latest information.

Name of the organization

Employer identification number

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 co	vered by the General Rule or a Special Rule .						
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a cributions.						
Special Rules							
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or 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 is must answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 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 the filing requirements of Schedule B (Form 990).						

Employer identification number

Lean Ensemble Theater 47-2994571 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. . 1.... Person **Payroll** 25,000 Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 Person **Payroll** 10,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. 3 Person **Payroll** 5,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4 Person X **Payroll** 15,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 X Person **Payroll** 5,750 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person **Payroll** 5,000 Noncash (Complete Part II for noncash contributions.)

Lean Ensemble Theater

Employer identification number 47-2994571

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Lean Ensemble Theater 47-2994571 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X u \$..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

	rt III Organizations Maintaining C			orical Tre	easures, or	Other Sim	ilar As	sets (continu		age <u>=</u>
3	Using the organization's acquisition, accession, a collection items (check all that apply):							,			
а	Public exhibition	d 🗌	Loan or ex	change prog	gram						
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collect	ctions and explain h	now they fu	rther the org	janization's exe	empt purpose ir	Part				
	XIII.										
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be		•		•				∏ Y€	s	No
Pa	rt IV Escrow and Custodial Arra		,	,							
	Complete if the organization a 990, Part X, line 21.	•	on Form	990, Par	t IV, line 9,	or reported	an am	ount or	n Form		
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	butions or o	ther assets no	t					_
									Ye	s _	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing table:								
									Amoun		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form	990, Part X, line 2	21, for escro	ow or custoo	dial account liab	oility?			Ye	s _	No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the exp	lanation ha	s been prov	ided on Part X	III					
Pa	rt V Endowment Funds.										
	Complete if the organization a	answered "Yes"	on Form	<u>990, Par</u>	t IV, line 10) <u>. </u>					
		(a) Current year	(b) Pr	ior year	(c) Two years	s back (d)	Three year	s back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current		(line 1g, col	umn (a)) he	ld as:						
	Board designated or quasi-endowment ${f u}$	%									
b	Permanent endowment u %										
С	Term endowment u %										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
3a	Are there endowment funds not in the possession	on of the organization	on that are	held and ad	Iministered for	the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	d on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the or		ment funds								
Pa	rt VI Land, Buildings, and Equip										
	Complete if the organization a	nswered "Yes"	on Form	990, Par	t IV, line 11	a. See Forn	n 990,	Part X,	line 10)	
	Description of property	(a) Cost or other I	basis	(b) Cost or o		(c) Accumul			(d) Book	value	
		(investment)		(othe	er)	depreciation	n	\bot			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part >	K, column (I	B), line 10c.))		τ	u			

	form 990) 2021 Lean Ensemble Theater		47-2994571	Page
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Fe	orm 990 Part IV lin	ne 11h See Form 990 Pa	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book talas	Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(^)				
/D)				
(C)				
(D)				
(=)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)u			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	<u>ne 11c. See Form 990, Pa</u>	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)			_	
(9)	(1)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) u Other Assets.			
rait ix	Complete if the organization answered "Yes" on F	orm 000 Part IV lin	ne 11d See Form 990 Pa	rt Y ling 15
	(a) Description	onn 990, rait iv, iii	ie 11u. See 1 0iiii 330, 1 a	(b) Book value
(1)	(4) 2000/pion			(b) Book raido
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, Iir	ne 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
	aid subscriptions			18,395
	aid flex pass			13,220
(4) Payro				1,853
	aid Tickets			680
(6)				
(7)				
(8)				
(9)				24 44
	n (b) must equal Form 990, Part X, col. (B) line 25.)		<u>u </u>	34,148
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot	e to the organization's fir	nancial statements that reports the	e

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

Pa	art XI Reconciliation of Revenue per Audited Financial Stateme	•	er Return.	
	Complete if the organization answered "Yes" on Form 990, F	· · · · · · · · · · · · · · · · · · ·		
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			2e	
3	Subtract line 2e from line 1			
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.)			
	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	art XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d		2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
			4c	
С	Add lines 4a and 4b			
с 5				
5 P a	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	nes 1b and 2b; Part V, line	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Iii	nes 1b and 2b; Part V, line	5	
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Schedule D (Fo	orm 990) 2021	Lean Ens	emble Th	eater	47-2994571	Page 5
Part XIII	Supplementa	I Informatio	n (continued)			
	•••		/			
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service

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

Lean Ensemble Theater

Inspection Employer identification number

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

Form **4562**

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

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

2258 Lean Ensemble Theater

47-2994571 FYE: 6/30/2022

Federal Statements

11/9/2022 6:46 PM

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

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

2258 Lean Ensemble Theater

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FYE: 6/30/2022

47-2994571

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	