		the Treasury	Do not enter Social Security numbers on this for the security numbers on this for the security numbers on the security numb			Open to Public
			 Information about Form 990 and its instruction 			Inspection
			tax year beginning SEP 1, 2013	and ending A		
BOA	heck if splicable	C Name of organizatio	n		D Employer identif	ication number
]Addres]change	AUBURN PUB	LIC THEATER, INC.			
]Name change	Doing Business As			20-3	577149
]Initial return		or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	NAMES AND A STREET ASSAULT A
	Termin ated	0 BACHANGE		1		253-6669
-	Applic Son	City or town, state o	r province, country, and ZIP or foreign postal cod	0	G Gross receipts \$ H(a) is this a group r	644,17
-	pendia		of principal officer:CAREY EIDEL			s? Yes XI
	_	SAME AS C A			H(b) Are all subordinates i	
		mpt status: X 501(c)(3		(a)(1) or 527	and the second second second second	a list. (see instructions)
			ICTHEATER.COM	L	H(c) Group exemption	Manager and a second of a second s
		organization: X Corporat	ion Trust Association Other >	L Year	of formation: 20051	M State of legal domicile:
-		the second se	ization's mission or most significant activities: AU	TRUEN PUT	T.TC THRATER	TNC. TS A
Activities & Governance			T CORPORATION LOCATED IN			
nar		the first second s	if the organization discontinued its operations or a	of the Manhatometer and the second	The full of the set of the second	substant is an in-the second second of the second public second in the second second second second second second
DVC			s of the governing body (Part VI, line 1a)			
ð	4	lumber of Independent w	oting members of the governing body (Part VI, line	1b)		
es	5 '	otal number of Individual	s employed in calendar year 2013 (Part V, line 2a)		5	
initi	6	otal number of volunteen	s (estimate if necessary)			
Act			evenue from Part VIII, column (C), line 12			
-	b	let unrelated business ta	xable income from Form 990-T, line 34		Prior Year	Current Year
	8	Contributions and grants	(Part VIII, line 1h)		216,927.	255,28
and		rogram service revenue (263,141.	365,19
Revenue		시험 이 방법에서 이야기 가지요? 이 방법에서 가지 않는 것이 많이 있었다.	/III, column (A), lines 3, 4, and 7d)		127.	
۳			olumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,998.	3,23
_			through 11 (must equal Part Vill, column (A), line		485,193.	623,71
			ts paid (Part IX, column (A), lines 1-3)		0.	
			nbers (Part IX, column (A), line 4)		0.	000.00
Expenses			tion, employee benefits (Part IX, column (A), lines 5 ses (Part IX, column (A), line 11e)	543 570 and 100	1/5,892.	and the second se
ben			s (Part IX, column (D), line 25)	0.	V.	
ŭ			olumn (A), lines 11a-11d, 11f-24e)		256,922.	362,27
			13-17 (must equal Part IX, column (A), line 25)		432,814.	563,13
			ubtract line 18 from line 12		52,379.	60,58
10.es				Be	ginning of Current Year	End of Year
Balances		otal assets (Part X, line 1			854,884.	869,56
Pund		otal liabilities (Part X, line			170,337.	124.44
		Signature Block	es. Subtract line 21 from line 20		684,547.	745,12
-		the second se	have examined this return, including accompanying sch	nedules and statem	ents, and to the best of m	v knowledge and belief it
			of preparer (other than officer) is based on all information			
		N	En 6 1		2/	10/15
Sigr		Signature of officer			Date /	1
ier		CAREY EIDE Type or print name and		-		
-		Print/Type preparer's name	Preparer's signature	11	Date Creck	PTIN
Paid		OGER J. BEER		0	2/06/15 self-employ	P00026563
Prep			SMAN ST. AMOUR CPAS PLLC		Firm's EIN >	46-0475780
lse	Only	Firm's address > 110	WEST FAYETTE STREET SUITE	900	10.5	
-			CUSE, NY 13202		Phone no. 31	5-422-1391
			the preparer shown above? (see instructions)			X Yes
19200	01 10-21 C		ork Reduction Act Notice, see the separate inst FOR ORGANIZATION MISSION			Form 990 (20
	0	a schebone O	TON ONGANITUALION MIDSION	OTATONE	INT CONTINUA	TTON

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orm 0	90 (2013) AUBURN	PUBLIC THEATER, INC	. 2	0-3577149	Page 2
Part	III Statement of Program Se	rvice Accomplishments			[
-	Check if Schedule O contains a re	sponse or note to any line in this Part	<u>II</u>		X
	Briefly describe the organization's mission AUBURN PUBLIC THEATE AUBURN, NEW YORK WHO COMMUNITY. APT PRESE PRODUCTION, PRESENTS	R, INC. IS A NOT FO SE PURPOSE IS TO FO NTS AND PERFORMS HI EDUCATIONAL AND AR	GHLY ARTISTIC THEA TISTIC MOVIES, ANI	ATRICAL	ĨŇ
2 1	Did the organization undertake any sign he prior Form 990 or 990-EZ?	ficant program services during the yea	ar which were not listed on	Yes	X No
3 1	Did the organization cease conducting,	or make significant changes in how it e nedule O.			X No
3	Describe the organization's program set Section 501(c)(3) and 501(c)(4) organiza revenue, if any, for each program servic	tions are required to report the amoun e reported.	t of grants and allocations to others	, the total expenses,	and
4a	(Code:) (Expenses \$ AUBURN PUBLIC THEATH AUBURN, NEW YORK WHO COMMUNITY. APT PRESH PRODUCTION, PRESENTS WORKSHOPS AND CLASSH	491,373. including grants of \$ R, INC. IS A NOT FO SE PURPOSE IS TO FO INTS AND PERFORMS HI EDUCATIONAL AND AN	OR PROFIT CORPORATIONSTER CREATIVE GROU GHLY ARTISTIC THEA RTISTIC MOVIES, AND	ION LOCATED WTH IN THE ATRICAL	<u>112.</u>)) IN
20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	· 5	
4d	Other program services (Describe in S	chedule O.)			
-	(Expenses \$	including grants of \$ 491,373.) (Revenue \$)	
<u>4e</u>	Total program service expenses >	471,373.		Form	990 (201
33200 10-29					

Form	000	1201	121	
UIII	230	120	151	

			Yes	No
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If *Yes,* complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		2654.0	1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	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
	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
- 22	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	111	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		
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	126		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If *Yes,* complete Schedule E	13		X
	and the second s	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
	complete Schedule G, Part III	19 20a	-	2
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	1	_

Form 990 (2013)

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* 1 S

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form!	990 (2013) AUBURN PUBLIC THEATER, INC. 20-3577	143	Pa	ge 4
Par	IV Checklist of Required Schedules (continued)	- 1.	Yes	No
	the second se		Yes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		-	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22		х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III		-	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	_	х
	Schedule J		-	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of these train proofees as of and last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	last day of the year, that was issued after December 51, 2002 fill res, answer lines 240 through 240 and complete	24a	_	Х
	Schedule K. If "No", go to line 25a	24b		-
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary pende exception.			-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to occurs	24c	-	
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of issuer for bonds durstanding at any time during the year terms and so the section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization ongage in an excess bortent standards in the disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
- 220	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualities percent of a pro- that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
		25b		х
1994	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	l	х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
28	instructions for applicable filing thresholds, conditions, and exceptions):	1 1	1 3	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	(ma)	X
ь	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	
c	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	5	X
29	Did the organization receive unite that \$25,000 in historical reasures, or other similar assets, or qualified conservation			100.00
30	contributions? If "Yes," complete Schedule M	30	()	X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31	(1990) (1990)	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1000	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
34	Part V, line 1	34		X
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1.13	X
boo	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	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?			-
00	If "Ves " complete Schedule R. Part V. line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	1

	90 (2013) AUBURN PUBLIC THEATER, INC.	-	20-3577	149	P	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
to I	Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19		121	1
ta t	Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	- 1		0.
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ble gaming		0	
CL	gambling) winnings to prize winners?			10	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1.00
2a 1	inter the number of employees reported on Form wis, maintail of wage and rak outsinence	2a	17			
w 1	iled for the calendar year ending with or within the year covered by this return f at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
b	f at least one is reported on line 2a, did the organization his an required redetal on position according Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	sl		1000		
a) (1	Note. If the sum of lines 1a and 2a is greater than 200, you may be required to entre (see instruction)		Construction of the second s	3a		x
3a	JIC LIE DIGGINZAUDITIKAG GINGMARA BARATARA BILLA			3b		
b	f "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	author	itu over a	00		-
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other	autror	ny over, a	4a	I	x
	inancial account in a foreign country (such as a bank account, securities account, or other financial	accour	nų r	40	-	-
b	f "Yes," enter the name of the foreign country:			0.1		
- 13	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	2		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?		5b	-	X
c	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
1.0	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b	<u> </u>	-
7	Organizations that may receive deductible contributions under section 170(c).			1		
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices p	provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	uired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e	1	X
0	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit con Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		71	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bottom con	Form 8	899 as required?	79	-	-
9	If the organization received a contribution of qualified intellectual property, did the organization file i	ration	lile a Form 1098-C?	7h	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	Did the	supporting		-	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	big the s	supporting the year?	8		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	n any m	ne during the year r	-	-	-
9	Sponsoring organizations maintaining donor advised funds.			0.		
а	Did the organization make any taxable distributions under section 4966?			9a	-	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		-
10	Section 501(c)(7) organizations. Enter:	1	1			1.5
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106	1	-		
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a	- C	-		
h	Gross income from other sources (Do not net amounts due or paid to other sources against					1
	amounts due or received from them.)	11b				
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041	1?	120	1	_
1Za	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125				
0.020	Section 501(c)(29) qualified nonprofit health insurance issuers.				1	
13	Is the organization licensed to issue qualified health plans in more than one state?	_		130		
а	Note. See the instructions for additional information the organization must report on Schedule O.					
38.5	Note. See the instructions for additional monimation the organization must report of our output of					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
	organization is licensed to issue qualified health plans					1
c	Enter the amount of reserves on hand		1999	14:		X
14a				14		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	UNEU		1.141		_

Form 990 (2013)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. 366 1	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
ec	tion A. Governing Body and Management	-			Yes	No
		1	15		res	INC
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				Ε.
	If there are material differences in voting rights among members of the governing body, or if the governing		9	1 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	14	15			2
b	Enter the number of voting members included in line 1a, above, who are independent	1b				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			2		x
	officer, director, trustee, or key employee?		at eupopulaion			
3	Did the organization delegate control over management duties customarily performed by or under the	le ditec	A supervision	3		x
	of officers, directors, or trustees, or key employees to a management company or other person?			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form	ooto?	IS INCO /	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as		and the second	6	-	X
6	Did the organization have members or stockholders?			0	-	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			x
	more members of the governing body?		-1.1	7a	1.1	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockn	olders, ol			v
	persons other than the governing body?		6.11	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	
a	The governing body?			8a	X	-
b	Each committee with authority to act on behalf of the governing body?			8b	-	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the		18	x
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)	-	Vee	
				100	Yes	X
10a	Did the organization have local chapters, branches, or affiliates?			10a	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, anniates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		the tree?	10b	X	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing box	Jy Deit	he ming the form r	11a	-	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	x	
12a				12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to col	Initial States	12b	-	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			100	x	
	in Schedule O how this was done				-	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	-	-
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent		1.1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1	x	
а	The organization's CEO, Executive Director, or top management official			15a	-	X
b	Other officers or key employees of the organization			15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		14			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			100		X
	taxable entity during the year?			16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps					
_	exempt status with respect to such arrangements?			16b	L	1
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY	T /0	tion E01/oV/010 ambd		-le	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	1 (000	don oo nojojs only)	availat	10	
	for public inspection. Indicate how you made these available. Check all that apply.	in to De	hadula (M			
	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			of the second	nois!	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict	or interest policy, ar	io fina	ricial	
19						
19	statements available to the public during the tax year.		and at the second			
19 20			cords of the organiza	ation:)		

e (100)

Form 990 (2013	au AUBURN	PUBLIC T	HEATER, INC.		20-3577	149	Page 7
Part VII Co	ompensation of Officers nployees, and Independ	, Directors, 7	Trustees, Key Emplo	yees, Highest C	ompensated	02000	
	eck if Schedule O contains a re						
Section A. O	fficers, Directors, Trustees, K	ey Employees, a	and Highest Compensated	d Employees	1, 10, 20, 0, 20, 20, 20, 20, 20, 20, 20, 20		
1a Complete t	his table for all persons required	to be listed. Re	port compensation for the	calendar year ending	with or within the orga	anization	's tax year.
Enter -0- in colu • List all of • List the c able compensa • List all of reportable com • List all of more than \$10 List persons in and former suc	SC 64 SP2 SC 4 FATTER ST	ensation was pa employees, if an it compensated of Box 7 of Form 1 ers, key employeen and any related ctors or trustee n from the organ rustees or direct	d. y. See instructions for defir employees (other than an o 099-MISC) of more than \$1 es, and highest compensa d organizations. s that received, in the capa ization and any related org ors; institutional trustees; o	nition of "key employs fficer, director, truste 100,000 from the orga ted employees who r city as a former direc anizations. fficers; key employee	ee." ee, or key employee) wi anization and any relat received more than \$10 tor or trustee of the or es; highest compensat	ho receiv ed orgar 00,000 o ganizatio	ved report- nizations. if on,
Check th	his box if neither the organizatio (A) Name and Title	(B) Average	(C) Position (do not check more than one	(D) Reportable	(E) Reportable		(F) imated

(A) Name and Title	(B) Average hours per week	box	not d	Posi heck	more	than o la bolt	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	tedivideal trustee or director	lestivitions trustee	Officer	Xey employee	Highest compensated employee	Ferner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH KOENIG	1.00								0	0
PRESIDENT		X	-	X	-	-	_	0.	0.	• 0.
(2) TOM MACUILEWITZ VICE PRESIDENT	1.00	x		x				ο.	ο.	0.
(3) ELAINE BUFFINGTON	1.00									
TREASURE		x		X				0.	0.	0.
(4) WENDY LADUCA	1.00									1000
DIRECTOR	*	X						0.	0.	0.
(5) BILL HECHT	1.00							1459	1000	
DIRECTOR		X		_	1	-		0.	0.	0.
(6) CONNIE REILLY	1.00							7		
DIRECTOR	-	X	-	_	-	-		0.	0.	0.
(7) ROBERT FRAME	1.00									
DIRECTOR		X	-	-	-	-	-	0.	0.	0.
(8) PAMELA FREEMAN	1.00		1					0.	0.	0.
DIRECTOR	1 00	X	-	-	-	-		0.	0.	0.
(9) DAVE TOBIN	1.00							0.	0.	0.
DIRECTOR	1 00	X	-	-	-	-	-	0.	0.	0.
(10) ANTHONY DADDABBO	1.00							0.	0.	0.
DIRECTOR	1.00	X	-	-	+	+	-	0.	0.	0.
(11) BONNIE FORD	1.00	x			1	1		0.	0.	0.
DIRECTOR	1.00		+	+	+	+				
(12) SANDRA SHUTTER	1.00	x		Ι.				0.	0.	0.
DIRECTOR	1.00		+	-	1	1	1			
(13) ERIKA DAVIS	1.00	x						0.	0.	0.
DIRECTOR (14) JOANNE O'CONNOR	1.00		1	-	1	1				
		X					1.	0.	0.	0.
DIRECTOR (15) CAROLE TRIPICIANO	. 1.00	1	1	1	T	1				
DIRECTOR	. 1.00	X						0.	0.	0.
(16) CAREY EIDEL	40.00			1				and a second second second	10220	
EXECUTIVE DIRECTOR	and an and a second sec			X			1	52,451.	0.	8,990.

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Form 990 (2013)

Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week	(do box	not cl	(C Posi heck	;) ition more rson i		ene ne i	(D) Reportable compensation from	(E) Reportable compensation from related	1.1.0	(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustes an director	Institutional trastee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)		mpensa from th rganizat nd relat ganizati	e tion ted
					-		-			+		
										5		
										T		
			5									
											-	
				_						-		
			_		_	-				+		
Ib Sub-total								52,451.	. 0		8,9	90
c Total from continuation sheets to F d Total (add lines 1b and 1c)	Part VII, Section A							0. 52,451.	0		8,9	090
2 Total number of individuals (including compensation from the organization		ose	liste	ad a	bov	e) wt	no re	ceived more than \$100	,000 of reportable		1	
3 Did the organization list any former of											Yes	No
line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater tha	the sum of reportab	le ci	omp	ensi	ation	n and	d oth		the organization	4		X
 Did any person listed on line 1a receirendered to the organization? If "Yes, 	ve or accrue comper	nsat	ion t	from	апу	y unr	elate	d organization or indivi	dual for services	5		x
Section B. Independent Contractors 1 Complete this table for your five high	est compensated in	dep	ende	ent c	ont	racto	ors th	nat received more than	\$100,000 of compet	sation	n from	
the organization. Report compensation.	on for the calendar y A)							the organization's tax (B)	/ear.		(C)	
Name and bu	siness address	N	ONI	8			+	Description of s	ervices	Comp	pensatio	'n
						XC.						
							1	500 (200				
2 Total number of independent contra	States and the second states and states	20156	li de la composition de la com	10.000	a de trans	(Distant	and the	the second s	Street management of the			

10-29-13

	Check if Schedule O contai			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
1 a Fee	derated campaigns	1a					
b Me	embership dues	1b					0.0
c Fu	ndraising events	10					16
	lated organizations						
e Go	overnment grants (contributio		82,300.	9			
f All	other contributions, gifts, grants	s, and			1		
sim	nilar amounts not included above	8 1f	172,985.				
g Nor	ncash contributions included in lines 1	la-1f: \$	15,000.	AMARKE TOOLUM			
h To	tal. Add lines 1a-1f		····· ►	255,285.			
			Business Code	200220 - 1/2/04/11			10
2 a TI	HEATRICAL SHOW	S AND M	711190	228,076.	228,076.		
The second se	ENTAL INCOME		531120	90,317.			90,317
	ORKSHOPS AND C	LASSES	900099	46,804.	46,804.		
d	d					14	
e	e						
f All	f All other program service revenue					1	
1072 20070	tal. Add lines 2a-21			365,197.			
	vestment income (including o				6		
242 23.02	her similar amounts)		C 10 C 14 H 16 C	3.			
	come from investment of tax				6		
- 65 - 693	ovalties		►				
	* 200 A A A A A A A A A A A A A A A A A A	(i) Real	(ii) Personal				11
6 a Gr	ross rents				N., 1		
1.120 (2013)	ess: rental expenses						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ental income or (loss)						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			►				
11 0.57 (1.50);	ross amount from sales of	(i) Securities	(ii) Other			Concernant of Concernant of Concernant	
100000000000000000000000000000000000000	sets other than inventory	1					1
	ess: cost or other basis						1
1.	nd sales expenses						
1000	ain or (loss)	1		2	25 25		1 .
	et gain or (loss)						
	ross income from fundraising						
 Postal Hotel 	cluding \$	of	1 1		1 c ;		2 2
10 113-1	ontributions reported on line	1c). See					
1 EX53	art IV, line 18	1) (ATTAL	(d)				
	ess: direct expenses				18 E		1
	et income or (loss) from fund						
	ross income from gaming ac						,
111111-01112-023	art IV, line 19						
	ess: direct expenses		and the second s				
	et income or (loss) from gam				1		
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ross sales of inventory, less						
100005163633	nd allowances		23,686.				
	ess: cost of goods sold		20,454.		1		
	let income or (loss) from sale			3,232.	3,232.		
	Miscellaneous Revenu	and the second states of the	Business Code				
11 a	moodalioodometeria						
Б –							
-							
d A	Il other revenue						
	otal. Add lines 11a-11d				4		
	otal revenue. See instructions.			623,717.	. 278,112.	1	90,32

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INC.

3) AUBURN PUBLIC THEATER, Statement of Revenue

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Form 990 (2013)

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Form	000	1001	121
ronn	990	120	13)

Form 990 (2013) AUBURN PUBLIC THEATER, INC. Part IX Statement of Functional Expenses

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b, and 10b of Part VIII. s and other assistance to governments and izations in the United States. See Part IV, line 21 ts and other assistance to individuals in United States. See Part IV, line 22 ts and other assistance to governments, nizations, and individuals outside the ad States. See Part IV, lines 15 and 16 pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) ar salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employees): a for services (non-employees):	63,163. 116,192. 4,815.	45,179. 102,971.	17,984.	
Alizations in the United States. See Part IV, line 21 ts and other assistance to Individuals in Juited States. See Part IV, line 22 ts and other assistance to governments, nizations, and individuals outside the ad States. See Part IV, lines 15 and 16 affts paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) ar salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) ar employee benefits oll taxes	116,192.			
ts and other assistance to individuals in Jnited States. See Part IV, line 22	116,192.			
ts and other assistance to governments, nizations, and individuals outside the ed States. See Part IV, lines 15 and 16 pensation of current officers, directors, ees, and key employees	116,192.			
nizations, and individuals outside the ad States. See Part IV, lines 15 and 16 afits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits oll taxes	116,192.			
ad States. See Part IV, lines 15 and 16 pensation of current officers, directors, ees, and key employees	116,192.			
afits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(1)(1)) and ons described in section 4958(c)(3)(B) or salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) ar employee benefits oll taxes	116,192.			
pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits coll taxes	116,192.			
ees, and key employees	116,192.			
bensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) on plan accruals and contributions (include on 401(k) and 403(b) employer contributions) or employee benefits or flaxes	116,192.			
ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) on plan accruals and contributions (include on 401(k) and 403(b) employer contributions) or employee benefits on taxes		102,971.	13,221.	
ons described in section 4958(c)(3)(B) er salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits oll taxes		102,971.	13,221.	
er salaries and wages		102,971.	13,221.	
ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) ar employee benefits foll taxes		102,971.	1010011	
on 401(k) and 403(b) employer contributions) ar employee benefits	4,815.	1		
of taxes	4,815.			
oll taxes	4,01D.	3,977.	838.	
	16,697.	13,793.	2,904.	
for convices (non-employees)	10,037.	15,155.	4,201	
Na Sector States and a state state and the states of the s				
agement	945.	531.	414.	
al	4,500.	00	4,500.	
ounting	4,000.			
bying essional fundraising services. See Part IV, line 17				Stylensone - Harr
stment management fees				
er. (If line 11g amount exceeds 10% of line 25,				
mn (A) amount, list line 11g expenses on Sch 0.)	12,264.	12,044.	220.	
ertising and promotion	20,601.	18,821.	1,780.	No. of the second second
ce expenses	10,181.	7,635.	2,546.	and the second sec
rmation technology				
alties				
upancy	37,741.	29,183.	8,558.	0
zel	10,711.	10,711.		
ments of travel or entertainment expenses				
any federal, state, or local public officials			1	
ferences, conventions, and meetings	3,056.	2,623.	433.	Constraint and the
rest	5,860.	4,688.	1,172.	1
ments to affiliates				The second second
preciation, depletion, and amortization	28,938.	24,771.	4,167.	
Jrance	3,226.		3,226.	121 121 12 12 12
er expenses, Itemize expenses not covered ve. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A)		ж		
	111,652.	111,652.		
		33,500.	600.	
	19,034.	19,034.		a anna an
AVIT ANALA MALLY AND	9,804.	9,804.	States and States	
	49,657.			in a start of the
GHTING & SOUND	563,137.			0
GHTING & SOUND				
27) F	her expenses	TIST FEES 111,652. RKSHOP EXPENSES 34,100. DW EXPENSES 19,034. SHTING & SOUND 9,804. her expenses 49,657. functional expenses. Add lines 1 through 24e 563,137. costs. Complete this line only if the organization ted in column (8) joint costs from a combined 111,652.	TIST FEES 111,652. 111,652. RKSHOP EXPENSES 34,100. 33,500. DW EXPENSES 19,034. 19,034. SHTING & SOUND 9,804. 9,804. her expenses 49,657. 40,456. functional expenses. Add lines 1 through 24e 563,137. 491,373. costs. Complete this line only if the organization ted in column (8) joint costs from a combined 563,137. 491,373.	CIST FEES 111,652. 111,652. OK SHOP EXPENSES 34,100. 33,500. 600. OW EXPENSES 19,034. 19,034. 9,804. OHTING & SOUND 9,804. 9,804. 9,201. her expenses 49,657. 40,456. 9,201. functional expenses. Add lines 1 through 24e 563,137. 491,373. 71,764.

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Form 990 (2013)

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AUBURN	PUBLIC	THEATER,	INC.	
e Sheet				
chedule O contains a n	esponse or no	te to any line in th	his Part X	
				В
and the second second				

-		Check if Schedule O contains a response or not	e to any me		(A) Beginning of year		(B) End of year
-	10.1				99,072.	1	80,275.
	199.1	Cash - non-interest-bearing		sectors and a consector sector and a sector sector and a sector sector and a sector sector and a sector sector sector and a sector sector sector and a sector		2	
	153.1	Savings and temporary cash investments		Part 100000 to 2000		3	
- 1	3	Pledges and grants receivable, net	10,660.	4			
	4	Accounts receivable, net Loans and other receivables from current and for					
1	5	trustees, key employees, and highest compensa-			02		
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied person	is (as defined under			
	0	section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)((9) voluntary			
.		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
nas	7	Notes and loans receivable, net		a second construction of the second		7	
2	8	Inventories for sale or use		CLOUDE SECTOREMENTAL CONTRACTOR STATE		8	
	9	Prepaid expenses and deferred charges		Construction of the second s	10,734.	9	4,172.
		Land, buildings, and equipment: cost or other	1 1				
- 1	100	basis, Complete Part VI of Schedule D	10a	916,896.	anarana manarana		
- 1	b	Less: accumulated depreciation	and the second sec	137,135.	728,618.	10c	779,761.
	11	Investments - publicly traded securities				11	
- 1	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		YOU CEREMENT TO SHOULD ARREST AND THE PARTY		13	5 260
	14	Intangible assets			5,800.		5,360.
- 4	15	Other assets. See Part IV, line 11				15	0.50 5.50
_0	16	Total assets, Add lines 1 through 15 (must equ	al line 34)		854,884.		869,568.
	17	Accounts payable and accrued expenses			8,392.		3,401.
1	18	Grants payable				18	0 115
	19	Deferred revenue			47,887.		9,115.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of \$	Schedule D		21	
0	22	Loans and other payables to current and forme	er officers, o	directors, trustees,			
Liabilities		key employees, highest compensated employe	es, and dis	equalified persons.			22
abi		Complete Part II of Schedule L			114 050	22	111,925.
-	23	Secured mortgages and notes payable to unre			114,058.		111,545.
	24	Unsecured notes and loans payable to unrelate	ed third par	rties	the street was	24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	is 17-24). C	Complete Part X of		25	
	in sec.	Schedule D			170,337.	-	124,441.
	26	Total liabilities, Add lines 17 through 25		N V and	110,557.	20	
		Organizations that follow SFAS 117 (ASC 95	8), check i	nere 🕨 🖾 and		1 1	
63	in.	complete lines 27 through 29, and lines 33 a			684,547	27	738,094.
ano	27	Unrestricted net assets			004/04/	28	7,033.
Bal	28	Temporarily restricted net assets				29	
Pu	29	Permanently restricted net assets	ACC 050)	abaak bara		1	
5	1	Organizations that do not follow SFAS 117 (ASC 958),			1 1	
5	100	and complete lines 30 through 34.	2			30	
sets	30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or	aa	fund		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated	income or	other funds		32	
Vet	32	Retained earnings, endowment, accumulated Total net assets or fund balances			684,547		745,127.
~	33	Total liabilities and net assets/fund balances			854,884		869,568.
	34	total liabilities and net assets/jund ualarices	CONTRACTOR AND ADDRESS OF THE	CREATE AND ADDRESS OF A DREAT AND A DREAT			

Form 990 (2013)

Form 990 (2013)
Part X	Balance

Form	990 (2013) AUBURN PUBLIC THEATER, INC.	20-3577	149	Pag	e 12
	t XI Reconciliation of Net Assets			1	-
	Check if Schedule O contains a response or note to any line in this Part XI		********	****	<u> </u>
		1	623	.7	17.
1	Total revenue (must equal Part VIII, column (A), line 12)	2	563		
2	Total expenses (must equal Part IX, column (A), line 25)	3),58	
3	Revenue less expenses. Subtract line 2 from line 1	4		1,54	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	003	1.5	
5	Net unrealized gains (losses) on investments	6			-
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	745	5,1	27.
Pa	rt XII Financial Statements and Reporting	1001101	0.000225		
	Check if Schedule O contains a response or note to any line in this Part XII			*****	X
	Children Oshodine a sonta a series a			Yes	No
4	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.		- 1	
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	1
	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:			- 1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
C	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
2.0	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		11	i.
3a	Act and OMB Circular A-133?		3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		-
	U duuis, explain any in conclude o and walkings any stage terror to energy terror to the fille		Form	990	(2013)

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SCHEDULE A (Form 990 or 990-EZ) 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. Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.							990.	20 Open to Inspec		c
Name of the organizatio	Contraction of the Contraction o					En	ployer i	dentificatio		nber
		PUBLIC THEAT					20)-3577	149	
		rity Status (All organiza	the second s		and the second se	uctions.	1			
1 A church, con 2 A school desc 3 A hospital or a 4 A medical rescity, and state 5 An organization section 1700 6 A federal, state 7 X 8 A community 9 An organization activities relate activities relate income and up See section 1700 See section 1700	vention of church cribed in section 1 a cooperative hosy earch organization con operated for the b)(1)(A)(iv). (Comp te, or local governi on that normally re b)(1)(A)(vi). (Comp trust described in on that normally re ted to its exempt f inrelated business 509(a)(2). (Comple	ment or governmental unit aceives a substantial part of lete Part II.) a section 170(b)(1)(A)(vi). (aceives: (1) more than 33 1 functions - subject to certa a taxable income (less sect	ches described in se hedule E.) Bescribed in section with a hospital desc iversity owned or o t described in section of its support from a (Complete Part II.) I/3% of its support in exceptions, and ion 511 tax) from b	artion 170(b)(1)(ribed in se perated by on 170(b)(1 a governme from contri (2) no more usinesses a	(b)(1)(A)(i). A)(iii). ction 170(a governm a)(A)(v). ental unit of butions, m than 33 1. acquired by	b)(1)(A)(iii) nental unit r from the embership /3% of its y the organ	describe general p o fees, ar support	ed in oublic descr nd gross rec from gross	ribed in ceipts invest	n from ment
11 An organizati more publicly	on organized and supported organi	operated exclusively for th izations described in section of organization and complete	ne benefit of, to per on 509(a)(1) or sect	orm the fur on 509(a)(2	nctions of,	or to carry	out the (3). Che	purposes o eck the box	f one of that	or
a Type I e By checking foundation m	b this box, I certify t anagers and othe		ype III - Functionally controlled directly y supported organiz	integrated or indirectly ations des	/ by one or cribed in s	more disc ection 509	ualified (n-functional persons oth section 509	er tha	NO
a Type I By checking foundation m f If the organiz supporting of	b this box, I certify th anagers and othe ation received a w rganization, check	Type II c Ty hat the organization is not r than one or more publicly ritten determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T	integrated or indirectly ations des ype I, Type	/ by one or cribed in s II, or Type	more disc ection 509 III	ualified ((a)(1) or	persons oth	er tha	NO
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a Type I By checking foundation m f If the organiz supporting or g Since August (i) A perso the gov (ii) A family (iii) A 35% of h Provide the f	b this box, I certify the anagers and othe ation received a war ganization, check the 17, 2006, has the model of the member of a person controlled entity of collowing information	Type II c T) hat the organization is not r than one or more publicly written determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T my gift or contributio lone or together wit or (ii) above? ganization(s). (iv) Is the organization in col. (i) listed in you governing document	integrated or indirectly ations des ype I, Type n from any n persons of n persons of organization (i) of you	v by one or cribed in s of the folio described i u notify the tion in col. r support?	(vi) is organizatic (i) organiz	the cons? the col. cons? cons cons cons cons cons cons cons cons	11g(i) 11g(ii) (vii) Amount	Yes	No
a Type I By checking foundation m f If the organiz supporting or g Since August (i) A perso the gov (ii) A family (iii) A 35% of h Provide the f	b this box, I certify the anagers and othe ation received a war ganization, check the 17, 2006, has the model of the member of a person controlled entity of collowing information	Type II c T) hat the organization is not r than one or more publicly written determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T my gift or contributio lone or together wit or (ii) above? ganization(s). (iv) Is the organization in col. (i) listed in you governing document	integrated or indirectly ations des ype I, Type n from any n persons of n persons of organization (i) of you	v by one or cribed in s of the folio described i u notify the tion in col. r support?	(vi) is organizatic (i) organiz	the cons? the col. cons? cons cons cons cons cons cons cons cons	11g(i) 11g(ii) (vii) Amount	Yes	No
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a Type I By checking foundation m f If the organiz supporting or g Since August (i) A perso the gov (ii) A family (iii) A 35% of h Provide the f	b this box, I certify the anagers and othe ation received a war ganization, check the 17, 2006, has the model of the member of a person controlled entity of collowing information	Type II c T) hat the organization is not r than one or more publicly written determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T my gift or contributio lone or together wit or (ii) above? ganization(s). (iv) Is the organization in col. (i) listed in you governing document	integrated or indirectly ations des ype I, Type n from any n persons of n persons of organization (i) of you	v by one or cribed in s of the folk described i u notify the tion in col. r support? No	(vi) is organizatic (i) organiz	the cons? the col. cons? cons cons cons cons cons cons cons cons	11g(i) 11g(ii) (vii) Amount	Yes	No
a Type I By checking foundation m f If the organiz supporting or g Since August (i) A perso the gov (ii) A family (iii) A 35% of h Provide the f	b this box, I certify the anagers and othe ation received a war ganization, check the 17, 2006, has the model of the member of a person controlled entity of collowing information	Type II c T) hat the organization is not r than one or more publicly written determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T my gift or contributio lone or together wit or (ii) above? ganization(s). (iv) Is the organization in col. (i) listed in you governing document	integrated or indirectly ations des ype I, Type n from any n persons of n persons of organization (i) of you	v by one or cribed in s of the folk described i u notify the tion in col. r support? No	r more disc ection 509 HII powing pers in (ii) and (i organizatio (i) organizatio (i) organizatio Ves	the cons? the col. cons? cons cons cons cons cons cons cons cons	11g(i) 11g(ii) (vii) Amount	Yes	No
a Type I By checking foundation m f If the organiz supporting or g Since August (i) A perso the gov (ii) A family (iii) A 35% of h Provide the f	b this box, I certify the anagers and othe ation received a war ganization, check the 17, 2006, has the model of the member of a person controlled entity of collowing information	Type II c T) hat the organization is not r than one or more publicly written determination from t this box	ype III - Functionally controlled directly y supported organiz the IRS that it is a T my gift or contributio lone or together wit or (ii) above? ganization(s). (iv) Is the organization in col. (i) listed in you governing document	integrated or indirectly ations des ype I, Type n from any n persons of n persons of organization (i) of you	v by one or cribed in s of the folk described i u notify the tion in col. r support? No	r more disc ection 509 HII powing pers in (ii) and (i organizatio (i) organizatio (i) organizatio Ves	the cons? the col. cons? cons cons cons cons cons cons cons cons	11g(i) 11g(ii) (vii) Amount	Yes	No

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2013 A Part II Support Schedule for	UBURN PUBI Organizations	Described in	ER, INC. Sections 170	(b)(1)(A)(iv) and	20-357 1 170(b)(1)(A)(v	<u>7149 Page 2</u> /i)
(Complete only if you checked fails to qualify under the tests	d the box on line 5,	7, or 8 of Part I o	r if the organizatio			
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 	53,172.	88,179.	132,823.	216,927.	255,285.	746,386.
2 Tax revenues levied for the organ- ization'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	53,172.	88,179.	132,823.	216,927.	255,285.	746,386.
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.			10			746,386.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaities and income from similar sources 	53,172.	88,179.	132,823.	216,927.	255,285. 90,320.	90,482.
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 IV.)					-	
11 Total support. Add lines 7 through 10					100 No. 10	836,868.
12 Gross receipts from related activities,	etc. (see instructio		*****		12	487,618.
13 First five years. If the Form 990 is for organization, check this box and stor	o here					
Section C. Computation of Publ						89.19 %
 Public support percentage for 2013 (Public support percentage from 2012 					14	<u>89.19 %</u> 99.65 %
16a 33 1/3% support test - 2013. If the or stop here. The organization qualifies	organization did no as a publicly supp	t check the box o orted organization	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
b 33 1/3% support test - 2012. If the						
and stop here. The organization qual 17a 10% -facts-and-circumstances tes and if the organization meets the "fac meets the "facts-and-circumstances"	t - 2013. If the organists and circumstant	anization did not ces" test, check t	check a box on line his box and stop i	e 13, 16a, or 16b, here. Explain in Pa	and line 14 is 10% rt IV how the orga	or more, nization
b 10% -facts-and-circumstances tes more, and if the organization meets the organization meets the "facts-and-circumstances"	t - 2012. If the organic terms of the terms of	anization did not mstances" test, c	check a box on lin heck this box and	e 13, 16a, 16b, or stop here. Explain	17a, and line 15 is n in Part IV how th	10% or
18 Private foundation. If the organizatio						15

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 AUBURN PUBLIC THEATER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and					100000	
membership fees received. (Do not					1	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose				1.1.1		
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					2	
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total, Add lines 1 through 5	and a second second					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				-		
8 Public support (Subtract line 7c from line 6.)		1		11	1 N	
Section B. Total Support	0110972-0					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b		1 Annual				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	ercentage	01221			
15 Public support percentage for 2013 (lin			column (f))		15	%
16 Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inves	tment Incon	ne Percentage)			
17 Investment income percentage for 20	13 (line 10c, colu	umn (f) divided by li	ine 13, column (f))	17	%
18 Investment income percentage from 2					1.00.000	%
19a 33 1/3% support tests - 2013. If the						17 is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2012. If the	d stop here. Th	e organization qua	lifies as a publici	y supported organi	zation	▶□
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization						
	and they offered to		and the start stratute			90 or 990-EZ) 201
332023 09-25-13				30	The second secon	or or or build file

	THE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	PIIBLTC	THEATER,	INC.	<u>20-3577149 Page 4</u>
Schedule A Part IV	(Form 990 or 990-EZ) 2013 AUBURN	vide the explar	nations required by	y Part II, line 1	0; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any addition	al information.	(See instructions).		
	Allo complete and participation of the second secon				
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Schedule B	
(Form 990, 990-EZ,	
or 990-PF)	
Danaster and the Transmi	

Internal Rev

Schedule of Contributors

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

OMB No. 1545-0047

Internal Revenue Service		
Name of the organization	on	Employer identification number
	AUBURN PUBLIC THEATER, INC.	20-3577149
Organization type (chec	k 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	8
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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

20-3577149

AUBURN PUBLIC THEATER, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1	ALLYN FOUNDATION PO BOX 22 SKNEATELES, NY 13152	\$15,000.	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
2	EMERSON FOUNDATION 5654 SOUTH STREET ROAD AUBURN, NY 13021	\$ <u>36,000.</u>	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	METCALF FOUNDATION 120 GENESEE STREET, SUITE 503 AUBURN, NY 13021	\$21,000.	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
4	FRENCH FOUNDATION 120 GENESEE STREET, SUITE 503 AUBURN, NY 13021	\$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
5	NEW YORK STATE COUNCIL ON THE ARTS 300 PARK AVENUE SOUTH, 10TH FLOOR NEW YORK, NY 10010	\$78,300.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	JIM & JULIE BOEHEIM FOUNDATION MANLEY FIELD HOUSE SYRACUSE, NY 13244	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (20

323452 10-24-13

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2013)
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Name of organization

Employer identification number

AUBURN PUBLIC THEATER, INC.

20-3577149

(1)	(c)	(d)
		Date received
Description of noncash property given	(see instructions)	
	_	
	\$	
(b)	(0)	(d)
		Date received
Description of noncean property grown	(see instructions)	
	\$	
	(c)	
(b)		(d)
Description of noncash property given		Date received
	\$	
10175	(c)	(d)
	FMV (or estimate)	Date received
Description of noncash property given	(see instructions)	Dateriouriou
		<u>e</u>
	\$	
	(c)	(d)
		Date received
Description of noncash property given	(see instructions)	
	\$	
	(c)	(d)
	FMV (or estimate)	Date received
Description of noncash property given	(see instructions)	Date received
		1
		(b) FMV (or estimate) (see instructions) Description of noncash property given \$

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19

323453 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

chedule B (For	rm 990, 990-EZ, or 990-PF) (2013)		Page 4
ame of organiza			Employer identification number
UBURN P	UBLIC THEATER, INC.		20-3577149
Part III	Exclusively religious, charitable, etc., indiv	idual contributions to section 501(c)(7), (e following line entry. For organizations co	(8), or (10) organizations that total more than \$1,000 for the simpleting Part III, enter (ear. (Eater this information once.) \$
	the total of exclusively religious, charitable, etc	., contributions of \$1,000 or less for the y	ear. (Enter this information once.) > \$
	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(u) Pulpose of gire	(0) 000 0. 8.0	
-	an a		
			• <u>-</u>
			•
-			
		(e) Transfer of gift	
		1.710	Relationship of transferor to transferee
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of dansler of to dansler of
-			
-			
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1.001	/		
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
1.000	and the second second second		
	territori de la contra de la co		
(a) No.		part of the second s	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		1.000	
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			Sector Sector
-			
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(0)1	11	
	and the second		
		2	- (
		(e) Transfer of gift	
		(e) transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	transferee 5 name, address, a		
-			
-			
			Out - date D (Carro 000, 000, C7, as 000, DE) (004)

323454 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

12

(Form	1 990) ► Complete if Part IV, line 6, 7,	the organization answered "Yes," to Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. e D (Form 990) and its instructions is at www.irs.gov/	form9	90.	20 Open to Inspect	13 Public
1.0.0	of the organization				entificatio	n number
10000	AUBURN PUBLIC	THEATER, INC.	10401436		-3577	
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Funds or A	ccou	unts.Co	mplete if t	he
	organization answered "Yes" to Form 990, Pa					
		(a) Donor advised funds	(b) Fur	nds and c	other acco	unts
1	Total number at end of year					_
2	Aggregate contributions to (during year)			-		
3	Aggregate grants from (during year)		-			
4	Aggregate value at end of year					
5		isors in writing that the assets held in donor advised fun		- 0	7	 .
		ization's exclusive legal control?		L	Yes	No No
		donor advisors in writing that grant funds can be used				
	수가 이 것이 있는 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이 있는 것이 같이 가지 않는 것이 같이 많이	donor or donor advisor, or for any other purpose confer		Г	Yes	No
Par		if the organization answered "Yes" to Form 990, Part IV,			Tes	
	Purpose(s) of conservation easements held by the o		in re 7		2	
1	Purpose(s) of conservation easements need by the of Preservation of land for public use (e.g., recrea		llv Imn	ortant lar	nd area	
	Protection of natural habitat	Preservation of a certified h	State 1974			
	Preservation of open space		1000110	Sudotart		
		d a qualified conservation contribution in the form of a co	neerv	ation eas	ement on	the last
2	day of the tax year.			actorious	Posti on	the last
	day of the tax year.			Held at	the End of t	he Tax Year
	Total number of conservation essements		2a	There are		ne rearrow
b	Total acreage restricted by conservation easements		2b			
		storic structure included in (a)	20			· · · · · · · · · · · · · · · · · · ·
		cquired after 8/17/06, and not on a historic structure				
			2d	1		
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated by the organ	nizatio	n during	the tax	
- C	year >			00000000		
4	Number of states where property subject to conserv	vation easement is located >				
5	Does the organization have a written policy regarding			427	1.7	22-01-12C
	violations, and enforcement of the conservation eas	ements it holds?			Yes	No No
6		pecting, and enforcing conservation easements during t				
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements during the y	ear 🕨	\$		-
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section 170(h)(4)(B)(I)			-
					Yes	No No
9		onservation easements in its revenue and expense state				
	include, if applicable, the text of the footnote to the	organization's financial statements that describes the or	ganiza	ition's ac	counting f	or
	conservation easements.		<u>.</u>			
Par		tions of Art, Historical Treasures, or Other	Simi	lar Ass	ets.	
_	Complete if the organization answered "Yes"					
1a		S 116 (ASC 958), not to report in its revenue statement a				
	- 김 집 김 경영에 대한 방법 수요한 전쟁이었다. 이 이 가지 않는 것 같은 것 같은 것 같은 것 같은 것이 같은 것 같아요. 나는 것 같아요. 나는 것 같아요. 한 것 같아요. 한 것 같아요. 한 것	public exhibition, education, or research in furtherance of	f publi	c service	, provide, i	n Part XIII,
	the text of the footnote to its financial statements th					
b		S 116 (ASC 958), to report in its revenue statement and I				
		ibition, education, or research in furtherance of public se	ervice,	provide	the followi	ng amounts
	relating to these items:					
10203	(ii) Assets included in Form 990, Part X			*		
2		torical treasures, or other similar assets for financial gain	, provi	00		
	the following amounts required to be reported under			e		
8						
and the second sec	Assets included in Form 990, Part X			۰		
b						

Sched Part		PUBLIC THE	ATER,	INC.	asures or	Other			1/14: ts/contin		
	Using the organization's acquisition, accessi	onections of A	s check an	v of the f	ollowing that a	are a sign	nificant us	se of its	collection	1 item	s
	승규가 잘못한 것을 만들어야 하지 않는 것을 많이 많이 가지 않는 것을 많이 많이 많이 많이 많이 없다. 것을 것을 많이 많이 많이 없다.	on, and other record	a, chock an	y 01 010 1	chorning mare	ne a eigi				0.0000000	
	check all that apply):			n or each	ange program	15					
а	Public exhibition	0	Oth		ange program						
b	Scholarly research	e									
c	Preservation for future generations	S. 63	71. NR. 7			le aven		a in Darl	Y UI		
4	Provide a description of the organization's c	ollections and explai	n now they t	iurmer in	le organization	almiler	pr purpos	a ni can	7.00.		
5	During the year, did the organization solicit o	or receive donations	of art, histor	ical treas	sures, or other	sinnar a	155915		Yes		No
	to be sold to raise funds rather than to be m	aintained as part of t	he organiza	tion's co	liection?		000	Dart IV I		- Contraction	1 140
25110201	Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X, line 21.						Part IV, I	ine a, or		
	Is the organization an agent, trustee, custod on Form 990, Part X?				s or other asse	ets not ir	cluded		Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
1.1									Amount	t	
C	Beginning balance						10	10-10			-
d	Additions during the year						1d	771133			
	Distributions during the year						1e	10.00		-	
f	Ending balance						1f			_	
23	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
h	If "Yes," explain the arrangement in Part XIII	. Check here if the e	colanation h	as been	provided in Pa	art XIII				_	
Par		if the organization ar	swered "Ye	s" to For	m 990, Part IV	/, line 10		020010	11		
		(a) Current year	(b) Prior		(c) Two years	back (f) Three ye	ars back	(e) Four	r years	back
	Beginning of year balance	(a) content jour	1-1	1		-		(1757) (A.M.)			
					172						
	Contributions		9275-550775.						18		
	Net investment earnings, gains, and losses				200 C 10	_					
	Grants or scholarships		Zehinder		100 000						
e	Other expenditures for facilities	1									
	and programs					-			-		
	Administrative expenses										
g	End of year balance						-		1		
2	Provide the estimated percentage of the cu		ce (line 1g, c	olumn (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that a	re held a	nd administer	ed for th	e organiz	ation			L
	by:								-	Yes	No
	(i) unrelated organizations								., <u>3a(i)</u>	-	
	(ii) related organizations								. 3a(ii)	-	
b	If "Yes" to 3a(ii), are the related organization	ns listed as required	on Schedul	a R?					. 3b		-
4	Describe in Part XIII the intended uses of th	e organization's end	owment fun	ds.					111-1-0	-	
Pa	t VI Land, Buildings, and Equips	ment.									
	Complete if the organization answer	ed "Yes" to Form 99	0, Part IV, lin	ne 11a. S	ee Form 990,	Part X, Ii	ne 10.				
	Description of property	(a) Cost or basis (invest	other	(b) Cost	t or other (other)	(c) Ac	cumulate reclation	d	(d) Boo	ok valu	90
1a	Land					-	21 54	11	27	10 1	02
	Buildings				3,683.		21,50				82.
c	Leasehold improvements				1,950.		69,5				55.
d	Equipment				7,657.	-	42,49	and the second se			.58.
			1 C S (1 S		D COC			a (1		11 C	hh.
e	Other			and the second se	3,606.		3,5	*0.		0,0	761.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B)		
(C) (D) (E)		
(F) (G) (H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" to	Even 000 Part N/ line	11c See Form 900 Part X line 13

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

4	Complete if the organization answered "Yes" to Form 990, Part IV, lin Total revenue, gains, and other support per audited financial statements		1	623,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
h	Donated services and use of facilities			
-	Recoveries of prior year grants			
4	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			623,717.
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	4a		
-	Other (Describe in Part XIII.)			
-	Add lines 4a and 4b		40	0.
c	AUD III IDS 48 GIIU 40			
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S	2) tatements With Expe		623,717.
5 Pa	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line	2.) tatements With Expe ne 12a.	nses per Return	L.
1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements	2.) tatements With Expe ne 12a.	nses per Return	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With Expe ne 12a.	nses per Return	L.
1	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) tatements With Expense ne 12a.	nses per Return	L.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Expe ne 12a.	nses per Return	L.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2.) tatements With Expe ne 12a. 2a 2b 2b 20	nses per Return	L.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) tatements With Expe ne 12a. 2a 2b 2b 2c 2d	nses per Return 1	563,137.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2.) tatements With Expense ne 12a. 2a 2b 2b 2c 2d	5 nses per Return 1 2e	<u>563,137</u> . 0.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2.) tatements With Expense ne 12a. 2a 2b 2b 2c 2d	5 nses per Return 1 2e	563,137.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) tatements With Expense ne 12a. 2a 2b 2c 2d	5 nses per Return 1 2e	<u>563,137</u> . 0.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2.) tatements With Expe ne 12a. 2a 2b 2b 2c 2d 4a	5 nses per Return 1 2e	<u>563,137</u> . 0.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) itatements With Expense ne 12a. 2a 2b 2b 2c 2d 2d 4a 4b	5 nses per Return 1 2e 3	<u>563,137</u> . 0.

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

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION HAS ADOPTED THE PROVISION OF FASE ASC 740,

1

INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR

DERECOGNIZED ON A MORE LIKELY THAN NOT THRESHOLD. THIS APPLIES TO

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN INCLUDING

MAINTAINING ITS TAX-EXEMPT STATUS, THE ORGANIZATION BELIEVES IT FINANCIAL

STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2013

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332054 09-25-13

SCHEDULE O (Form 990 or 990-EZ)	Complete to p	tal Information provide information for re 90 or 990-EZ or to provide	esponses to specific que any additional information	estions on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information about Sche	Attach to Form 9 dule 0 (Form 990 or 990-EZ)	HOD or 990-EZ.	www.irs.gov/form990.	Open to Public Inspection
Name of the organization	- Internation actual sterie	Mare of the other size of size when	1011-101	Employe	er identification number
	AUBURN PUE	BLIC THEATER,	INC.	20-	3577149
FORM 990, PAR		DESCRIPTION C			
IS TO FOSTER	CREATIVE GROW	TH IN THE COM	MUNITY, APT	PRESENTS AND	D
PERFORMS HIGH	LY ARTISTIC T	THEATRICAL PRO	DUCTION, PRE	SENTS EDUCA	TIONAL
AND ARTISTIC	MOVIES, AND C	OFFERS WORKSHO	PS AND CLASS	ES TO THE C	OMMUNITY.
FORM 990, PAR	T III, LINE 1	1, DESCRIPTION	I OF ORGANIZA	TION MISSIO	N:
WORKSHOPS AND	CLASSES TO T	THE COMMUNITY.	2		
WORKSHOPS AND	CUASSES 10 1	THE COMMONITY.			1
FORM 990, PAR	T VI, SECTION	N B, LINE 11:			
	50.5				DD MEDITING
EXPLANATION:	THE 990 IS RE	EVIEWED AND AN	PROVED AT A	REGULAR BOA	RD MEETING
BEFORE THE RE	TURN IS FILE	D.			
	P1				
FORM 990, PAR	T VI, SECTION	N B, LINE 12C:			
EXPLANATION:	THE ORGANIZA	TION REGULARLY	Y REVIEWS ITS	B POLICY WIT	H ALL BOARD
NENDEDC					
MEMBERS.		*			
					n nv s ste
FORM 990, PAR	T VI, SECTION	N B, LINE 15A	í		
EXPLANATION:	THE BOARD SE	TS THE COMPENS	SATION AFTER	REVIEW OF C	OMPARABLE
SALARIES IN 7	THE CENTRAL N	EW YORK AREA.			
		N C LINE 19.		00010-002-00	
And a second sec		N C, LINE 19:	ware accessed to commence		
EXPLANATION:	THE ORGANIZA	TIONS GOVERNII	NG DOCUMENTS	, CONFLICT O	F INTEREST
POLICY AND AU	JDITED FINANC	IAL STATEMENT:	S ARE AVAILAN	BLE FOR REVI	EW BY
A PROTNEMENT Z	T THE ORGANT	ZATION'S OFFI	CE.		
AFFOINIFIEMI P	II ING ONGRUI	Different o Veral			

PART VII, LINE 2C LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

12

Schedule O (Form 990 or 990-EZ) (2013)

chedule O (Form 990 or 990-EZ) (2013) ame of the organization AUBURN PUBLIC THEATER, INC.	Employer identification numbe 20-3577149
XPLANATION: THE ORGANIZATION HAS A COMMITTEE T	
ESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND T	HE SELECTION OF THE
NDEPENDENT ACCOUNTANT SAME AS IN PRIOR YEARS.	
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Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

		Exempt Organization Bus (and proxy tax under	er see	ction 6033(e))			OMB No. 1545-0087
		For calendar year 2013 or other tax year beginning $\underline{\mathrm{SEP}}$ 1,				4.	2013
Departm	ent of the Treasury	Information about Form 990-T and its instruct				Op	en to Public inspection for
A	Check box if address changed	Do not enter SSN numbers on this form as it may Name of organization (Check box if name ch			zation is a 501(c)(3)	D Employe	t(c)(3) Organizations Only r Identification number ees' trust, see ons.)
		Print AUBURN PUBLIC THEATER,	TN	1			-3577149
	mpt under section 501(c)(3)	or Number, street, and room or suite no. If a P.O. box				E Unrelate	d business activity codes
	408(e) 220(e)	Type 8 EXCHANGE STREET	1 900 11			(See indd	ructions.)
-	408(e) 530(a)	City or town, state or province, country, and ZIP or	foreigr	n postal code		1	
_	529(a)	AUBURN, NY 13021					38
the second se	value of all assets t of year	F Group exemption number (See instructions.)	•				
at end	869,568.	G Check organization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust
H Desc	ribe the organizatio	n's primary unrelated business activity. 🕨					
1 Durin	ng the tax year, was	the corporation a subsidiary in an affiliated group or a paren	t-subsi	diary controlled group?	▶	Yes	No No
If "Ye	es," enter the name	and identifying number of the parent corporation. 🕨	1				
J The	books are in care of	CAREY EIDEL			hone number 🕨 3		
Part	I Unrelate	d Trade or Business Income		(A) Income	(B) Expense	S	(C) Net
1a G	iross receipts or sal				1.10	1	
	ess returns and allo		10				
	이 지수는 이상이 여름을 들었다. 이 것 같은 것 같아?	Schedule A, line 7)	2			-	
		t line 2 from line 10	3			-	
		me (attach Form 8949 and Schedule D)	4a				
		n 4797, Part II, line 17) (attach Form 4797)	4b				
		in for trusts	40				
		partnerships and S corporations (attach statement)	5				
		ule C)	6 7				
		ced income (Schedule E)	8				
8 Ir	nterest, annuities, r	ovalties, and rents from controlled organizations (Sch. F)					
		of a section 501(c)(7), (9), or (17) organization (Schedule G)	10				
	그 것 것 같은 일일에서 가지는 다른 것은 것 같아.	tivity income (Schedule I)	11				
		(Schedule J)	12				
	전화 유민이는 것을 알려야 한 것을 받았다. [1]	is a through 12	13	0			
Par	t II Deducti	ons Not Taken Elsewhere (See instructions for	or limita	ations on deductions	.)	100	
1	(Except for	contributions, deductions must be directly connected	d with	the unrelated busine	ss income.)		
14	and the second se	fficers, directors, and trustees (Schedule K)				14	
	1997 2440 1987 2740 2860 2860	l				15	
		enance				1 40	
	COMPLEX STREET, DEPARTMENT					1 4 10	
18		nedule)				1 40	
19	Taxes and licenses	l				19	
20		tions (See instructions for limitation rules.)				20	
21	Depreciation (attac	h Form 4562)					
22	Less depreciation	claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion					23	
24	Contributions to d	eferred compensation plans					
25	Employee benefit (programs					
26		penses (Schedule I)				and the second s	
27		costs (Schedule J)					
28		attach schedule)				the second se	0.
29		ns. Add lines 14 through 28					0.
30		s taxable income before net operating loss deduction. Subtra					0.
31		deduction (limited to the amount on line 30)					0.
32		s taxable income before specific deduction. Subtract line 31 t (Generally \$1,000, but see instructions for exceptions.)					1,000.
33		s taxable income. Subtract line 33 from line 32. If line 33 is					2/0001
34		ss taxable income. Subulat init 55 nonnine 52. It inite 50 is				34	0.

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329701 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2013)

990-T (2013)	AUBURN PUBLI	C THEA	TER, INC.			20-357	7149	Page 2
	ax Computation	Aug 1	ations for her services	utation				
Contro a Enter y (1)		1561 and 156 5,000, and \$9,9 (2) \$	3) check here 🕨 [25,000 taxable inco	See instructio me brackets (in that (3) \$		_		
(2) Ad	rganization's share of; (1) Ad ditional 3% tax (not more than	n \$100,000)		s				0
c Income	e tax on the amount on line 34	l				🕨	35c	0.
	Taxable at Trust Rates. See i ax rate schedule or S						36	
37 Proxy	tax. See instructions					🕨	37	
38 Alterna	tive minimum tax			*****			38	
39 Total.	Add lines 37 and 38 to line 35	c or 36, which	ver applies			maannin	39	0.
	ax and Payments							
40a Foreig	n tax credit (corporations attac	ch Form 1118;	trusts attach Form 1	1116)	40a			
	credits (see instructions)							
	al business credit. Attach Form							
	for prior year minimum tax (at							
	redits. Add lines 40a through						40e	
	ct line 40e from line 39						41	0.
AD Other	taxes. Check if from: D For	m 4255	Form 8611	orm 8697	rm 8866	Other (attach schedule)	42	
	axes, Check II from, For				CONSIDER MALE	110/2405100000000000000000000000000000000000	43	0.
	ax. Add lines 41 and 42 ents: A 2012 overpayment cre							
							1	
	estimated tax payments				and the second second			
C Tax de	posited with Form 8868	All had at a second	a lass leaturations	λ			1 1	
	n organizations: Tax paid or w							
	p withholding (see instruction					· 1,714.		
	for small employer health inst				441	1,/14.	4	
-	credits and payments;		orm 2439					
	Form 4136	Contraction of the local data and the local data an	ther	and the second se	- Louisday		1	1,714.
45 Total	payments. Add lines 44a thro	ugh 44g					45	1,/14.
46 Estima	ated tax penalty (see instruction	ons). Check if F	orm 2220 is attache	ed 🕨 🗀			46	
	ue. If line 45 is less than the to						47	1,714.
	ayment. If line 45 is larger that				*******		48	
49 Enter	the amount of line 48 you war	nt: Credited to :	2014 estimated tax			Refunded >	49	1,714.
art V S	Statements Regardin	ng Certain	Activities an	d Other Infor	mation (se	e instructions)		1.22
At any tim securities,	e during the 2013 calendar ye or other) in a foreign country	ar, did the orga ? If YES, the or	nization have an int ganization may hav	erest in or a signatu e to file Form TD F 9	re or other aut 0-22.1, Report	hority over a financial at t of Foreign Bank and Fi	count (bank, nancial	0.85
Accounts.	If YES, enter the name of the	foreign country	here 🕨					X
During the t	If YES, efficient the name of the ax year, did the organization receive nstructions for other forms the orga	a distribution fro anization may have	m, or was it the grantor to file.	r of, or transferor to, a to	reign trust /			X
Enter the :	amount of tax-exempt interest	received or acc	rued during the tax	(year 🕨 \$				
hedule	A - Cost of Goods S	old. Enter m	ethod of inventor	y valuation 🕨	N/A			
	at beginning of year	1	1	6 Inventory at en			6	
	s	2		7 Cost of goods s	old. Subtract	line 6		
	bor	3				Part I, line 2	7	
	ection 263A costs (att. schedule)	4a .		8 Do the rules of			N=0.	Yes No
	ts (attach schedule)	40				d for resale) apply to		
Tatal Ad	d lines t through th	5		the oroanization	n?	Halan a Hanada Harabaran		
10(21, A0	d lines 1 through 40 sder penalties of perjury, I declare the rrect, and complete. Declaration of	hat I have examine	d this return, including	accompanying schedu	les and statemen	its, and to the best of my kn	owiedge and be	/lief, it is true,
gn	rrect, and complete. Declaration of	preparer (other the	an taxpayer) is based o	n all information of whic	h preparer has a	ny knowledge.	And the life of	come this estate with
ere			1	RYPO	TTTTT	concerning and the set of the set	May the IRS disc he preparer sho	ouss this return with wn below (see
	Signature of officer		Date	- Title	OTTAR		nstructions)?	
					Date	Check	If PTIN	100 100
	Print/Type preparer's name		Preparer's signal	ture	Date		1500 P. WORL	
aid	ROGER J. BEER	.,	(non		00/00	self- employed	the second s	026563
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se Only	Firm's name GROSS	MAN ST	. AMOUR C	PAS PLLC		Firm's EIN	40-	0415180
				STREET SUI	LIE 300			0 1001
	Firm's address 🕨 SYR	ACUSE,	NY 13202			Phone no.	315 - 42	2-1391
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Form 990-T (2013)

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	0044		1	OMB No. 1545-2198
Form	8941	Credit for Small Employer Health Insurance Premiums Attach to your tax return.		2013
	nent of the Treasury Revenue Service	Information about Form 8941 and its separate instructions is at www.irs.gov/forms8	941	Attachment Seguence No. 63
	(s) shown on return	Information about Form day Fand has acpurate may detend to detend to detend of		ying number
_	the state of the second s	BLIC THEATER, INC.	20-	3577149
		tions and complete Worksheets 1 through 7 as needed.		
1a		individuals you employed during the tax year who are considered employees for		19
	purposes of this crea	fit (total from Worksheet 1, column (a))	1a	15
b	Enter the employer id	tentification number (EIN) used to report employment taxes for individuals included		
	on line 1a if different	from the identifying number listed above	1b	
2		full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If		6
	you entered 25 or mo	ore, skip lines 3 through 11 and enter -0- on line 12	2	c
3		es you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip		36,000.
		id enter -0- on line 12	3	30,000
4		furing the tax year for employees included on line 1a for health insurance coverage		12,240.
		rangement (total from Worksheet 4, column (b))	4	12,240
5	Premiums you would	I have entered on line 4 if the total premium for each employee equaled the average premium		21,720
	동안 : 김 씨님, 비행님에서 그렇게 가 잔 것이 지않게 입니다.	narket in which you offered health insurance coverage (total from Worksheet 4, column (c))	5	12,240
		line 4 or line 5	0	14,240
7		applicable percentage:		
		employers, multiply line 6 by 25% (.25)	7	3,060
	All other small em	ployers, multiply line 6 by 35% (.35)	8	3,060
8	If line 2 is 10 or less,	enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	9	1,714
9	If line 3 is \$25,000 or	r less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	9	1,114
10		nt of any state premium subsidies paid and any state tax credits available to you for	10	
-	이번 다양한 것이 같은 것은 아파리에 가지 않았다. 같은 것이 같이	on line 4 (see instructions)	11	12,240
		n line 4. If zero or less, enter -0-	12	1,714
12	Enter the smaller of	line 9 or line 11	12	1,/14
13	If line 12 is zero, skip	b lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included you paid premiums during the tax year for health insurance coverage under a qualifying		
			13	
	arrangement (total fr	om Worksheet 4, column (a)) FTEs you would have entered on line 2 if you only included employees	10	
14		from Worksheet 7, line 3)	14	
		loyer health insurance premiums from partnerships, S corporations, cooperatives,	1.4	
15	estates, and trusts (15	
40	Add lines 12 and 15	see instructions) . Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines		7-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
10		line 19. Partnerships and S corporations, stop here and report this amount on Schedule K.		
		and report this amount on Form 3800, line 4h	16	1,714
47		patrons of the cooperative or beneficiaries of the estate or trust (see		
			17	
19		es, and trusts, subtract line 17 from line 16. Stop here and report this amount on		
10			18	
10	Enter the amount vo	paid in 2013 for taxes considered payroll taxes for purposes of this credit (see		
19			19	14,010
20	Tax-exempt small er	nployers, enter the smaller of line 16 or line 19 here and on Form 990-T,		
20			20	1,714
LHA		Reduction Act Notice, see separate instructions.		Form 8941 (201:

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

August 31, 2014

Table of Contents

Independent Auditor's Report		1-2
Financial Statements:	12 12	
Statements of Financial Position		3
Statements of Activities		4
Statements of Cash Flows	12	5
Notes to Financial Statements		6-10
Supplemental Information:		

11

Schedule of Functional Expenses



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Auburn Public Theater, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Auburn Public Theater, Inc. (a nonprofit organization), which comprise the statement of financial position as of August 31, 2014, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

110 West Fayette Street, One Lincoln Center, Suite 900, Syracese, NY 13202-1387 T 315.422.1391 F 315.422.0829 www.gsacpas.com

Monder of American Institute of Certified Public Accessions and New York State Society of Certified Public Accession

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Auburn Public Theater, Inc. as of August 31, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter

The financial statements of Auburn Public Theater, Inc. for the year ended August 31, 2013, were audited by another auditor who expressed an unmodified opinion on those statements on January 10, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended August 31, 2013 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bt Amoun CPA, Syracuse, New York

February 3, 2015

Grossman St. Amour Certified Public Accountants PLLC 110 West Fayette Street, One Lincoln Center, Suite 900, Syracuse, NY 13202-1387 T 315.422.1391 F 315.422.0829 www.gsacpes.com

Statements of Financial Position

ASSETS		17.2450.445	555 2127	
		Augu 2014	st 31,	2013
Current assets:		2014		2013
Cash and cash equivalents	Ś	80,275	\$	99,072
Accounts receivable	Č.	-	*	10,660
Prepaid expenses		4,172	1.	10,735
Total current assets		84,447		120,467
Property and equipment, net		779,761		728,617
Closing costs, net		5,360		5,800
	\$	869,568	\$	854,884
LIABILITIES AND N	ET ASSETS			
Current liabilities:				
Current portion of long-term debt	\$	2,323	\$	2,214
Accounts payable and accrued expenses		3,401		8,391
Deferred revenue		9,115	-	47,887
Total current liabilities		14,839		58,492
Long-term debt		109,602	x	111,845
Total liabilities	s 	124,441	11	170,337
Net assets:				
Unrestricted		738,094		684,547
Temporarily restricted		7,033		-
Total net assets	50 51	745,127		684,547
182	\$	869,568	\$	854,884

The accompanying notes are an integral part of the financial statements.

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See 5

Statement of Activities

Year ended August 31, 2014

(With Summarized, Comparative Financial Information for the year ended August 31, 2013)

	Unrestricted	Temporarily Restricted	Total 2014	Total 2013
Support and Revenue:				
Contributions	\$ 165,952	\$ 7,033	\$ 172,985	\$ 136,627
Government grants	82,300	3. 3	82,300	80,300
Program service revenue	274,883	14	274,883	170,157
Concession sales, net	3,232		3,232	4,096
Rental income	90,317	(m)	90,317	92,984
Miscellaneous Income			· <u>· · · · · · · · · · · · · · · · · · </u>	1,028
Total support and revenue	616,684	7,033	623,717	485,192
Expenses:				
Program services	491,373	-	491,373	362,881
Management and general	71,764		71,764	69,932
Total expenses	563,137		563,137	432,813
Change in net assets	53,547	7,033	60,580	52,379
Net assets at beginning of year	684,547		684,547	632,168
Net assets at end of year	\$ 738,094	\$ 7,033	\$ 745,127	\$ 684,547

The accompanying notes are an integral part of the financial statements.

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Statements of Cash Flows

		Year ended	Augus	st 31,
	1000	2014		2013
Cash flows from operating activities:				
Change in net assets	\$	60,580	\$	52,379
Adjustments to reconcile net assets to net cash				
provided by operating activities:				
Depreciation and amortization		28,938		26,179
Contributed property and equipment		(15,000)		5
Changes in operating assets and liabilities:				
Accounts receivable		10,660		(6,600)
Prepaid expenses		6,563		(1,332)
Accounts payable and accrued expenses		(4,990)		6,765
Deferred revenue		(38,772)		30,016
Security deposits			-	(4,500)
Net cash provided by operating activities		47,979		102,907
Cash flows from investing activities:				
Purchase of property and equipment		(64,642)		(49,848)
Cash flows from investing activities:				
Payments on long-term debt		(2,134)		(2,028)
Net increase (decrease) in cash		(18,797)		51,031
Cash and cash equivalents at beginning of year		99,072	_	48,041
Cash and cash equivalents at end of year	\$	80,275	\$	99,072
Supplemental disclosure of cash flow information:				
Cash paid during the year for interest	\$	5,733	\$	6,272

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The accompanying notes are an integral part of the financial statements. \$-5\$ -

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Notes to Financial Statements

1. Summary of Significant Accounting Policies

Nature of Operations

Auburn Public Theater, Inc. (APT) is a not for profit corporation located in Auburn, New York. APT is an intimate, publically accessible and affordable theater space that challenges and educates the community and fosters creative growth through shared performance experience. The Organization's programs include the following:

Performing Arts – APT, through their producing and presenting series, brings national touring acts, live music, musical theater, plays, comedians and other artistic performances to their stages.

Film – The Organization operates a 65 seat independent theater that seeks to increase film literacy and cinema appreciation through screening of independent, documentary, foreign, classic and family films.

Education – APT offers year-round learning opportunities through Auburn Public Studio, with dynamic programs in dance, theater, music and writing from ages 3-18 and adults.

APT also serves as a decentralization site for New York State Council on the Arts by administering grants to support emerging artists and not for profit arts organizations for the Finger Lakes region.

Basis of Presentation

The accompanying financial statements of APT have been prepared on the accrual basis of accounting. APT follows the guidelines and accounting policies as outlined in the AICPA Audit and Accounting Guide, "Not for-Profit Organizations."

Cash and Cash Equivalents

APT considers all short-term investments purchased with an original maturity of three months or less to be cash equivalents.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

Notes to Financial Statements

1. Summary of Significant Accounting Policies (continued)

Accounts Receivable

Accounts receivable are considered by management to be fully collectible. If collection does become doubtful, an allowance for doubtful accounts will be established by management.

Property and Equipment

Property and equipment is recorded at cost or, if donated, at fair market value on the date of the gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Repairs and maintenance are charged to expense as incurred. Acquisitions, major improvements, and renewals are capitalized. When assets are sold, retired or otherwise disposed of, the applicable cost and accumulated depreciation are removed from the books and the related gains or losses on dispositions are included in the statement of activities in the year of disposition.

Closing Costs

Mortgage closing costs related to the donated building are reported as other assets and amortized over the term of the mortgage using the straight-line method. Amortization charged to expense for the year ended August 31, 2014 was \$440.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

Advertising

Advertising costs include non-direct response advertising, which is expensed as incurred. Advertising costs, charged to expense during fiscal 2014 and 2013 were approximately \$21,000 and \$15,000, respectively.

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Notes to Financial Statements

1. Summary of Significant Accounting Policies (continued)

Classification of Net Assets

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> – Unrestricted net assets consist of net assets that are not subject to donorimposed stipulations. If a donor-imposed stipulation is fulfilled in the same fiscal year in which the contribution is received, the Organization reports the support as unrestricted.

<u>Temporarily restricted net assets</u> – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are classified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

<u>Permanently restricted net assets</u> – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. There are no permanently restricted net assets as of August 31, 2014.

Donated Services

A substantial number of volunteers have donated significant amounts of their time in furtherance of the Organization's program services and its fund-raising campaigns. However, donated services for volunteers have not been recorded since an objective basis has not been established to measure such services.

Deferred Revenue

Deferred revenues result from the sale of non-refundable subscriptions and advance sale tickets for next season's productions. As each production is presented, the portion of the advance sales that pertains to that production will be recognized as revenue.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the schedule of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on management's estimates. Other costs specifically identified to a program are directly charged to that program.

Notes to Financial Statements

1. Summary of Significant Accounting Policies (continued)

Income Taxes

The Organization is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code and Is not a private foundation within the meaning of Section 509(a) of the Code. The Organization complies with the provision of FASB ASC 740, Income Taxes, which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return including maintaining its tax-exempt status. The Organization believes its financial statements do not include any uncertain tax positions. It is the Organization's policy to recognize any interest and penalties in the statement of functional expenses.

As of August 31, 2014, tax filings for years ended in fiscal 2011 and later remain subject to examination by major tax jurisdictions, generally for a period of three years from the filing date.

Subsequent Events

The Organization has evaluated subsequent events through February 3, 2015 which is the date the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

2. Property and Equipment

Property and equipment consisted of the following at August 31:

	(C)	2014	(e.)	2013
Building and improvements	\$	805,633	\$	780,751
Movie theater equipment		18,614		17,819
Theater equipment		54,619		11,209
Café equipment		6,767		6,767
Office equipment		17,657		7,102
Signage		13,606	36	13,606
		916,896		837,254
Less accumulated depreciation		(137,135)		(108,637)
	\$	779,761	\$	728,617

Depreciation expense for the years ended August 31, 2014 and 2013 was approximately \$29,000 and \$26,000, respectively.

Notes to Financial Statements

3. Long-Term Debt

Long-term debt consists of the following at August 31:

 2014	12.115	2013
*		
\$ 111,925 (2,323)	\$	114,059 (2,214)
\$ 109,602	\$	111,845
\$	\$ 111,925 (2,323)	\$ 111,925 \$ (2,323)

Future maturities of long-term debt are as follows:

		2015	\$	2,323
a.		2016		2,442
	8	2017		2,567
		2018		2,698
		2019		2,836
		Thereafter	()	99,059
			\$	111,925

4. Temporarily Restricted Net Assets

Net assets at August 31, 2014 have been temporarily restricted for the following purposes:

Sec. 9	2014
\$	3,003
	4,030
\$	7,033
	\$

5. Economic Dependency and Concentration of Credit Risk

The majority of revenues are from admissions, contributions, grants and sponsorships received from individuals, foundations and the local government. Economic conditions in New York State affect the amount of revenue earned.

Uninsured cash balances potentially subject the Organization to credit risk. Cash deposits are subject to Federal Deposit Insurance Corporation (FDIC) coverage. At various times throughout the year balances may exceed FDIC limitations.

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SUPPLEMENTAL INFORMATION

Schedule of Functional Expenses

For the Year Ended August 31, 2014

(With Summarized, Comparative Financial Information for the Year ended August 31, 2013)

Arts Film Eduction Management From Total Total Total Total Synthe senders 5,904 5,3461 1,3480 2,3661 4,460 3,355 3,3461 4,360 3,355 3,3461 4,360 3,355 3,3561 4,3661 4,360 3,356 6,379 2,366 4,360 3,356 6,379 2,366 4,360 3,356 4,366 4,360 3,356 4,366 4,360 3,356 4,36		Pe	Performing					9	Grants	20	Total	Mai	Management		2014		2013
			Arts		Film	Educa	ation	Man	agement	P	ograms	ano	d General		Total		Total
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Salaries and wages	\$	59,648	s	24,469		37,914	\$	19,790	s	141,821	ŝ	29,871	s	171,692	~	158,343
4,335 1,778 2,755 1,433 1,0,216 2,720 2,478 2,740 2,478 111,002 1,663 2,663 1,663 2,712 1,700 4,500 <t< td=""><td>Payroll taxes</td><td>2</td><td>5,801</td><td>ŝ</td><td>2,380</td><td></td><td>3,687</td><td></td><td>1,925</td><td></td><td>13,793</td><td></td><td>2,904</td><td></td><td>16,697</td><td></td><td>11,565</td></t<>	Payroll taxes	2	5,801	ŝ	2,380		3,687		1,925		13,793		2,904		16,697		11,565
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Employee benefits		4,335		1,778		2,755		1,438		10,306		2,172		12,478		5,984
111,002 15 50 4,500 4,500 4,500 airs and maintenance 7,438 1,860 5,573 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 111,652 - 11,663 3,006 <td< td=""><td>Advertising</td><td></td><td>15,488</td><td></td><td>1,650</td><td></td><td>1,683</td><td>ð.</td><td>•</td><td></td><td>18,821</td><td></td><td>1,780</td><td></td><td>20,601</td><td></td><td>14,896</td></td<>	Advertising		15,488		1,650		1,683	ð.	•		18,821		1,780		20,601		14,896
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Accounting		•		•		•		Ŕ		•		4,500		4,500		3,550
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Artist fees		111,002		150		500		ť		111,652		0		111,652		65,394
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Awards		7,000		1		•		1		2,000		1		2,000		•
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Building repairs and maintenance		7,439		1,860		5,579		3		14,878		3,719		18,597		19,229
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Contract labor		10,438		09		140		i.		10,688		220		10,908		6,379
280 1,076 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 1,1356 3,2356 3,2356 3,2326 1,0033 3,0033 1,0033 1,0033 1,0033 1,0033 1,0033 <td>Conferences and meetings</td> <td></td> <td>449</td> <td></td> <td>m</td> <td></td> <td>•</td> <td></td> <td>2,171</td> <td></td> <td>2,623</td> <td></td> <td>433</td> <td></td> <td>3,056</td> <td></td> <td>1,171</td>	Conferences and meetings		449		m		•		2,171		2,623		433		3,056		1,171
Iso 1,244 1,444 1,444 1,444 ing 2,821 1,970 840 5,631 2,769 8,400 74 5,148 1,970 840 5,631 2,769 8,400 74 5,148 1,758 - 4,688 1,172 5,503 3,226 3,226 9,344 5,141 - 4,688 1,172 5,660 3,226 9,344 5,025 1,013 2,600 7,635 2,640 1,013 10,212 1,013 2,036 5,025 2,546 1,013 11,12 1,013 2,016 7,635 2,646 1,013 11,12 1,013 1,017 - 1,013 1,013 11,12 1,013 1,017 - 1,013 1,013 11,12 1,013 1,017 - 1,013 1,013 11,13 1,013 1,017 1,010 1,013 1,013 11,12 1,010	Consulting		280				1,076		•		1,356				1,356		11,192
ing 2,821 1,970 840 5,631 389 389 74 5,148 1,970 840 5,222 5,222 5,222 74 5,148 1,970 840 5,222 5,222 5,222 74 5,148 1,758 9,340 5,222 5,222 5,222 $9,344$ 5 4,072 1,012 2,226 3,226 5,222 $9,344$ 5 4,072 1,018 2,036 9,804 9,806 $4,072$ 1,018 2,036 502 1,002 1,003 1,003 $7,141$ 2 4,07 5,025 2,666 1,013 1,013 $7,141$ 2 3,566 3,576 1,0,711 1,043 1,013 $7,141$ 2 3,736 3,566 1,0,131 1,043 1,043 $7,134$ 2,025 1,013 1,043 1,043 1,043 $7,136$ 3,736 1,013 1,043	Costumes		150		ા		1,294		2		1,444		00		1,444		2,169
ing $2,821$ $1,970$ 840 383 388 380 380 380 380 380 380 380 380 380 380 380 320 $5,232$ $5,232$ $5,232$ $5,232$ $5,232$ $5,252$ $5,252$ $5,256$ $3,226$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$ $3,260$	Donations		•		3		•		1		•				•		12,064
fire 2,821 - 1,970 840 5,631 2,769 8,400 74 5,148 - - - - 5,222 - 5,222 2,344 586 1,738 - - - 1,802 1,802 1,802 9,344 - - - - - - 9,804 1,23 - - - - - - 9,804 1,23 - - - - - - 9,804 1,23 - - - - - - 9,804 1,23 1,018 2,036 5,025 - 9,003 - 9,013 meaks 5,025 - - - 10,711 - 9,036 7,141 - - - - - - 9,03 881 - - - - - - - </td <td>Dues and subscriptions</td> <td></td> <td>ž</td> <td></td> <td>3</td> <td></td> <td>1</td> <td></td> <td>1</td> <td></td> <td>•</td> <td></td> <td>389</td> <td></td> <td>389</td> <td></td> <td>525</td>	Dues and subscriptions		ž		3		1		1		•		389		389		525
74 5,148 - 5,222 5,222 5,222 mits - - - - - 5,222 5,860 mits - - - - - - 5,222 5,860 mits - - - - - - 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,802 1,903 1,003	Entertainment and catering		2,821		1		1,970		840		5,631		2,769		8,400		9,346
mils 2,344 586 1,758 - 3,226 3,226 3,226 mils - - - 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,226 3,260 3,260 3,260 3,260 3,266 3,266 3,266 3,266 3,032 4,032 1,043 1,0731 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 1,023 </td <td>Film fees</td> <td></td> <td>74</td> <td></td> <td>5,148</td> <td></td> <td>1</td> <td></td> <td>•</td> <td></td> <td>5,222</td> <td></td> <td>•</td> <td></td> <td>5,222</td> <td></td> <td>7,336</td>	Film fees		74		5,148		1		•		5,222		•		5,222		7,336
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Insurance		•		,		x		×.		•		3,226		3,226		4,659
mits - - - 1,802 1,803 1,803 1,803 1,803 1,803 1,803 1,903	Interest		2,344		586		1,758		1		4,688		1,172		5,860		6,114
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Licenses and permits		1		1000		395		1		1		1,802		1,802		890
122 122 122 1043 ing and meaks 5,025 1,018 2,036 509 7,635 2,546 10,181 ing and meaks 5,025 - 3,570 - 5,025 - 5,025 in and meaks 5,025 - 3,570 - 5,025 - 5,025 in sease 8,91 - 3,560 13,195 - 10,711 - 10,711 in decorating 7,968 - 1,195 - 8,644 352 8,996 in decorating 679 - 1,195 - 2,474 1,600 4,074 in decorating 679 - 2,522 8,996 - 2,34 in decorating 679 - 2,672 - 3,500 - 2,474 1,600 4,074 in decorating 3,560 1,523 5,137 1,767 6,086 - 2,474 1,767 5,096 2,472 -	Ughting and sound		9,344		50		460				9,804				9,804		2,766
4,072 $1,018$ $2,036$ 500 $7,635$ $2,546$ $10,131$ ing and meals $5,025$ - $3,5025$ - $5,025$ - $5,025$ - $5,025$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$ $5,036$	Miscellaneous		122		2		1				122		921		1,043		706
	Office expenses		4,072		1,018		2,036		509		7,635		2,546		10,181		4,669
avel 7,141 - 3,570 - 10,711 - 10,711 syenes 891 - 63 - 954 - 954 - 954 syenes 891 - 63 531 10,711 - 954 syenes 378 - 1,395 584 352 8,996 sying design 1,279 - 1,195 - 153 8,946 - 945 sing design 3,560 152 2,677 - 4,319 1,767 6,086 ses - other 10,932 1,900 6,207 - 19,034 - 2,373 ses - other 2,33 1,395 1,595 158 - 2,373 719 2,472 nent 2,335 1,360 3,779 - 2,333 719 2,472 19,034 set other 2,335 1,333 1,333 7,33 2,472 2,472 2,472	Performer housing and meals	d.	5,025				•		*		5,025				5,025		1,926
xytenese 891 - 63 - 954 - 954 - 954 - 954 - 954 - 954 - 954 - 954 945	Performer travel		7,141		£		3,570		1		10,711		00		10,711		6,272
ving, design7,96892584-8,6443528,9963781,195-1535314,149453781,279-1,195-2,4741,6004,0741,279679-2,622-941-9413,660152507-941-941-3,660152507-2,4741,6004,074ses - other10,9321,9006,202-19,034-19,034nent2,3561,5963,7796,086-2,4722,472nent2,331,5951,5003,779-2,2337,192,472nent2,3351,5603,779-2,3337,192,4722,472nent2,3351,2603,779-2,3337,192,4722,472nent2,3351,2603,779-2,3337,192,4722,472nent2,3331,2603,779-2,3337,192,4722,472nent2,3331,0135210,0782,52012,5982,4722,472nent2,3331,0135210,0782,52012,5982,4722,472nent2,3331,0135210,0782,4722,3331,5582,472nent2,333543,677511,03552,413735	Production expenses		891				63				954		2		954		760
	Printing.copving.design		7,968		- 26	10	584		1		8,644		352		8,996		8,274
tion and decorating $\begin{array}{cccccccccccccccccccccccccccccccccccc$	Legal fees		378		,				153		531		414		945		1,097
tion and decorating 679 . 262 . 941 . 941 . 941 . $1/757$. 941	Rent		1,279		e		1,195		1		2,474		1,600		4,074		1,268
3,660 152 507 $4,319$ $1,757$ $6,086$ ses-other $10,932$ $1,900$ $6,202$ $ 13,034$ $ 19,034$ nent $2,33$ $ 2,33$ $ 2,334$ nent $1,595$ $1,900$ $6,202$ $ 2,33$ $ 2,472$ nent $2,335$ $ 2,732$ 719 $2,472$ nent $2,335$ $ 2,332$ 719 $2,472$ stret $ 3,779$ $ 2,732$ $2,472$ stret $ 3,779$ $ 2,332$ $2,412$ stret $ 3,779$ $ 2,472$ $2,472$ total amortization $ 2,33,500$ $ 2,4,71$ $2,4,72$ total amortization $ 2,3,21$ $ 2,4,71$ $4,167$ $2,8,938$ total amortization $ 2,3,737$ <td>Set construction and decorating</td> <td></td> <td>6/9</td> <td></td> <td></td> <td></td> <td>262</td> <td></td> <td></td> <td></td> <td>941</td> <td></td> <td></td> <td></td> <td>941</td> <td></td> <td>1,489</td>	Set construction and decorating		6/9				262				941				941		1,489
ses-other 10,932 1,900 6,202 - 19,034 - 19,034 nent 223 - - 223 - 223 nent 1,595 158 - - 223 - 223 nent 1,595 158 - - 2,472 2,472 servet 931 1,779 - 2,520 12,598 ernet 931 1,201 2,132 otheres - - 33,500 - 24,771 otheres - - 33,500 - 24,771 2,132 otheres - - 33,500 - 24,771 2,8,938 otheres - - 24,771 4,167 28,938 otheres - - 24,771 4,167 5,8,938 otheres - - 24,771 5,711,035 5,491,373 5,491,377 5,41,377	Service fees		3,660		152		507		•		4,319		1,767		6,086		3,839
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Show expenses - other		10,932		1,900		6,202		ï		19,034		r.		19,034		3,070
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Small equipment		223		10		8		E.		223				223		186
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Telephone		1,595		158		20		•		1,753		719		2,472		1,501
931 - 33,500 - 931 1,201 2,132 - - 33,500 - 33,500 600 34,100 - 23,237 1,013 521 - 24,771 4,167 28,938 5 309,835 \$ 43,677 \$ - 26,826 \$ 491,373 \$ 71,764 \$ 563,137 \$ 4 4 5 563,137 \$ 4 4 5 563,137 \$ 4 4 5 563,137 \$ 4 4 5 563,137 5 4 5 563,137 5 4 5 563,137 5 4 5 563,137 5 4 5 5 4 5 5 4 5 5 4 5 5 4 5 5 5 4 5 5 4 5 5 4 5 5 4 5 5 4	Utilities		5,039		1,260		3,779				10,078		2,520		12,598		6,957
- 33,500 - 33,500 54,100 · 23,237 1,013 521 - 24,771 4,167 28,938 \$ 309,835 \$ 43,677 \$ 11,035 \$ 26,826 \$ 491,373 \$ 71,764 \$ 563,137 \$ 4	Website/Internet		931		1		•				931		1,201		2,132		3,672
$\begin{array}{r rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	Workshop expenses						33,500		•		33,500		600		34,100		13,575
309,835 \$ 43,677 \$ · 111,035 \$ 26,826 \$ 491,373 \$ 71,764 \$ 563,137 \$	Depreciation and amortization	.	23,237		1,013		521		•		24,771	1	4,167		28,938		26,179
	(s	309,835	ŝ	43,677	*	11,035	s	26,826	s	491,373	s	71,764	s	563,137	s	432,813

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