** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

ΑI	For the	2014 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	-		62-1	770620
	Initial return	,	Room/suite	E Telephone number	
L	Final return/ termin-	2102 BELCOURT AVENUE		(615	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,431,439.
	lreturn □Applica			H(a) Is this a group re	
	⊥tiòn pendin		7212	for subordinates H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3)		1 ` ′	list. (see instructions)
		e: ► WWW.BELCOURT.ORG		H(c) Group exemption	,
K	orm of	organization: X Corporation Trust Association Other ▶	L Year		1 State of legal domicile: TN
Pa		Summary		•	-
	1	Briefly describe the organization's mission or most significant activities: ${ m THE}$ $$ $$ $$	MISSIO	N OF THE BE	LCOURT
Governance		THEATRE IS TO ENGAGE, ENRICH AND EDUCATE	OUR C	OMMUNITY TH	ROUGH
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1	
Š	1			3	27 27
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			49
Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			100
ξ		Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		222,221.	568,111.
ž		Program service revenue (Part VIII, line 2g)		1,009,447.	1,187,027.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-396.	2,053.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		397,216.	350,774.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,628,488.	2,107,965.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		560,825.	0. 644,809.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	044,809.
ben	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 83,05	55.	0.	0.
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		934,511.	1,048,205.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,495,336.	
	19	Revenue less expenses. Subtract line 18 from line 12		133,152.	414,951.
Net Assets or Fund Balances		·	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,016,612.	2,442,250.
ot As	21	Total liabilities (Part X, line 26)		451,976.	462,663.
		Net assets or fund balances. Subtract line 21 from line 20		1,564,636.	1,979,587.
	art II	Signature Block			channel and heliaf it is
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is
uue	, сопес	t, and complete. Decid attorn of preparer (other than officer) is based on an information of wife	iicii preparei	lias any knowledge.	
Sig	n	Signature of officer		Date	
Hei		► STEPHANIE SILVERMAN, EXECUTIVE DIRECTO	OR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	KEN YOUNGSTEAD KEN YOUNGSTEAD	0	6/18/15 if self-employed	P00320901
	parer	Firm's name KRAFTCPAS PLLC		Firm's EIN ▶	62-0713250
Use	Only	Firm's address 555 GREAT CIRCLE ROAD			F 040 F054
		NASHVILLE, TN 37228		Phone no.61	5-242-7351
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE BELCOURT THEATRE IS TO ENGAGE, ENRICH AND EDUCATE
	OUR COMMUNITY THROUGH INNOVATIVE FILM PROGRAMMING IN OUR HISTORIC
	THEATRE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,445,446. including grants of \$) (Revenue \$ 1,470,716.)
44	(Code:) (Expenses \$1,445,446. including grants of \$) (Revenue \$1,470,716.) THE BELCOURT THEATRE IS A NONPROFIT CULTURAL INSTITUTION THAT ENGAGES,
	ENRICHES AND EDUCATES AUDIENCES THROUGH INNOVATIVE FILM PROGRAMMING.
	HOUSED IN NASHVILLE'S ONLY HISTORIC NEIGHBORHOOD THEATRE, THE BELCOURT
	PRESENTS THE BEST OF INDEPENDENT, WORLD, DOCUMENTARY AND REPERTORY
	CINEMA 365 DAYS A YEAR; PROMOTES VISUAL LITERACY AND FILM EDUCATION
	THROUGHOUT OUR COMMUNITY AND PROVIDES UNIQUE OPPORTUNITIES FOR PEOPLE
	OF ALL AGES TO EXPERIENCE THE POWER OF FILM. FIRST OPENED IN 1925 AS A
	SILENT MOVIE HOUSE, THE BUILDING WAS ALSO HOME TO THE GRAND OLE OPRY
	FROM 1934-36. SINCE THE RE-OPENING OF THE THEATRE AS A NON-PROFIT ART
	HOUSE IN 1999, OVER A HALF MILLION PEOPLE HAVE VISITED THE BELCOURT TO
	SEE MORE THAN 1,500 FILMS FROM EVERY CORNER OF THE GLOBE.
4b	(Code:) (Expenses \$
4c	/Onder
40	(Code:) (Expenses \$
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigs\) 1,445,446.
	Form 990 (2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	•	
	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	to mile to mile to digarization attach a copy of ite addition interioris to trills fortuin:		000	(001.4)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_ v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- V
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
00	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?			x
0-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	lacksquare	

Form **990** (2014)

Form 990 (2014) BELCOURT THEATRE, INC.

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
E a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	150		
ou	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
~			200	(2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed TN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)/3)s only of	wailah	ulo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	ıvallaD	ii C	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
13	statements available to the public during the tax year.	midil	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEPHANIE SILVERMAN - (615)846-3150			
	2102 BELCOURT AVENUE, NASHVILLE, TN 37212			

Form **990** (2014)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	itior more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GREG BAILEY	1.00	,,						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(2) NAN FLYNN	1.00	ļ ,,						_	_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) BARBARA (BABS) FREEMAN	1.00	₩.						^	^	_
BOARD MEMBER	1.00	Х	_			_	_	0.	0.	0.
(4) MONICA MACKIE	1.00	x						0.	0.	0
BOARD MEMBER (5) SCOTT MANZLER	1.00	^						0.	0.	0.
(5) SCOTT MANZLER BOARD MEMBER	1.00	X						0.	0.	0.
(6) SONATA STANTON RAYBURN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(7) SISSY STEVINSON	1.00	^						0.	0.	•
BOARD MEMBER	1.00	X						0.	0.	0.
(8) GEORGES SULMERS	1.00	122						0.	0.	•
BOARD MEMBER	1.00	x						0.	0.	0.
(9) H.G. WEBB	1.00							· ·	•	•
BOARD MEMBER	1,00	x						0.	0.	0.
(10) JENNIFER FAY	1.00	 								
BOARD MEMBER		X						0.	0.	0.
(11) AMOS GOTT	1.00	 						•	•	
BOARD MEMBER		X						0.	0.	0.
(12) MARCIA MASULLA	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) SLOANE SCOTT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DONNA DREHMANN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BO SPESSARD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BOB WEBB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MARCUS WHITNEY	1.00									
		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	timated	i
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensatio	n	an	nount o	f
	week	-	icer ar	iu a u	Irecu	Jr/trus	(Siee)	from	from related		l	other	
	(list any hours for	director						the	organizations			pensati	on
	related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		om the	'n
	organizations	trustee or	trust		e e	ubeu		(۷۷-2/1099-101130)			·	anizatio d relate	
	below	lual tr	tional		yoldı	yee						anizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o ge	a neario	
(18) PAZ HAYES	1.00	Ι-	 -		<u> </u>	1 0	 						
BOARD MEMBER		X						0.		0.			0 .
(19) HOLLY HOFFMAN	1.00												
BOARD MEMBER		Х						0.		0.			0
(20) TERRANCE HURD	1.00												
BOARD MEMBER		Х						0.		0.			0
(21) RENATA SOTO	1.00									_			_
BOARD MEMBER		X						0.		0.			0
(22) DEAN MASULLO	1.00									_			_
BOARD MEMBER		Х						0.		0.			0
(23) JOHN SLOOP	1.00	ļ								_			_
BOARD MEMBER	0 00	Х	_		<u> </u>		<u> </u>	0.		0.			0
(24) VAN POND	2.00	٠,,		37						0			^
BOARD CHAIRMAN	2.00	X	-	Х	_	-	-	0.		0.			0
(25) NEIL KRUGMAN	2.00	x		x				0.		0.			0 .
VICE-CHAIRMAN (26) F. CLARK WILLIAMS	2.00	^	-	^	<u> </u>	\vdash	<u> </u>	0.		0.			-
BOARD SECRETARY	2.00	X		X				0.		0.			0 .
		_			<u> </u>			0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								75,999.		0.		8,06	
d Total (add lines 1b and 1c)								75,999.		0.		8,06	
Total (und lines is und le) Total number of individuals (including but n									0.000 of reportable			- ,	_
compensation from the organization	or minicou to ti	.000	, 11011	Ju u		o,			,,ccc or reportable	•			(
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? If "Yes," com	plete Schedul	le J i	for s	uch	pers	son					5		X
Section B. Independent Contractors									•				
1 Complete this table for your five highest co										pens	ation f	rom	
the organization. Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	/itnii		year.		10	••	
(A) Name and business	address	N	ОМІ	F.				(B) Description of s	services	С	(C ompe	י) nsation	
								'			•		
													_
							\dashv						

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

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Total number of independent contractors (including but not limited to those listed above) who received more than

	RT THEATRI	<u>",</u>	TL	VC .	•				62-177	0620
Part VII Section A. Officers, Directors,	Trustees, Key E	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	neck	Pos	C) ition that		ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TODD SANDAHL BOARD TREASURER	2.00	x		х				0.	0.	0
(28) STEPHANIE SILVERMAN EXECUTIVE DIRECTOR	40.00			х				75,999.	0.	8,062
_										
Total to Part VII, Section A, line 1c								75,999.		8,062

		(2014) BELCOURT THEA	TRE, INC	•		62-1770	620 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns 1a					
ira		Membership dues 1b					
Ę,		Fundraising events 1c	16,800.				
iji ji		Related organizations 1d	· · · · · · · · · · · · · · · · · · ·				
3, Bi,G			198,840.				
Sig		All other contributions, gifts, grants, and					
ig je			352,471.				
Contributions, Gifts, Grants and Other Similar Amounts			$\frac{332,471}{222,013}$				
i d		·		560 111			
9 C		Total. Add lines 1a-1f		568,111.			
		4	Business Code		006 547		
<u>ice</u>	2 8		711110	996,547.			
e ⊆	ŀ	MEMBERSHIP DUES	900099	190,480.	190,480.		
n S	•	:					
ran Sev	(l					
Program Service Revenue	•						
ه ا	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		1,187,027.			
	3	Investment income (including dividends, intere					
		other similar amounts)		2,053.			2,053.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 158,780.					
	ŀ	Less: rental expenses 0 •					
		Rental income or (loss) 158,780.					
		Net rental income or (loss)	•	158,780.	115,557.		43,223.
		Gross amount from sales of (i) Securities	(ii) Other	,			,
	, ,	assets other than inventory	(ii) Other				
		Less: cost or other basis					
	•	and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
ne	8 6	Gross income from fundraising events (not including \$ 16,800. of					
Ver							
Be		contributions reported on line 1c). See	49 002				
Other Revenue		Part IV, line 18 a	25,140.				
₹				23,862.			23,862.
		· · ·	>	23,002.			23,002.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
							
	10 a	Gross sales of inventory, less returns	162 207				
			<u>463,297.</u>				
			298,334.	164 062	164 062		
ļ		Net income or (loss) from sales of inventory		164,963.	164,963.		
ļ			Business Code		2 4 6 2		
	11 a	MISCELLANEOUS	900099	3,169.	3,169.		
	ŀ						
	(
		All other revenue					
	•	Total. Add lines 11a-11d	>	3,169.			
	12	Total revenue. See instructions.		2,107,965.	1,470,716.	0.	69,138.

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

Secu	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.4.064	40.000	01 016	01 015
	trustees, and key employees	84,061.	42,030.	21,016.	21,015
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	455 065	276 242	50.000	10 101
7	Other salaries and wages	475,967.	376,010.	59,833.	40,124
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 655	20 545		4 000
9	Other employee benefits	34,655.	29,715.	3,110.	1,830 4,511
10	Payroll taxes	50,126.	39,600.	6,015.	4,511
11	Fees for services (non-employees):				
а	Management				
b	Legal	40.00			
С	Accounting	42,825.		42,825.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	26 425	00 400	6 704	
	column (A) amount, list line 11g expenses on Sch O.)	36,197.	29,493.	6,704.	44 040
12	Advertising and promotion	54,245.	42,426.	16 000	11,819
13	Office expenses	63,519.	46,520.	16,999.	
14	Information technology				
15	Royalties				
16	Occupancy	00 510	01 600	200	
17	Travel	22,510.	21,688.	822.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10 205	10 205		
20	Interest	18,305.	18,305.		
21	Payments to affiliates	100 500	100 500		
22	Depreciation, depletion, and amortization	108,532.	108,532.	6 050	
23	Insurance	25,781.	19,531.	6,250.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FILM DISTRIBUTION FEES	454,864.	454,864.		
b	UTILITIES	58,177.	58,177.		
С	FACILITIES UPKEEP	43,955.	43,955.		
d	BOX OFFICE EXPENSES	42,157.	42,157.		
е	All other expenses	77,138.	72,443.	939.	3,756
25	Total functional expenses. Add lines 1 through 24e	1,693,014.	1,445,446.	164,513.	83,055
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11-07-14				Form 990 (2014

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		Check if Schedule O contains a response or note to any line in this Part X			
		Officer if defication of contains a response of note to any line in this rare X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	382,606.	1	798,751.
		Savings and temporary cash investments		2	56,102
		Pledges and grants receivable, net	94,200.	3	100,100
		Accounts receivable, net		4	2,200
		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
22		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹		Inventories for sale or use		8	12,745
		Prepaid expenses and deferred charges		9	11,772
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,119,382			
	b	Less: accumulated depreciation 10b 658,802	1,517,748.	10c	1,460,580
	11	Investments - publicly traded securities		11	
		Investments - other securities. See Part IV, line 11		12	
		Investments - program-related. See Part IV, line 11		13	
		Intangible assets		14	
		Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,016,612.	16	2,442,250
	17	Accounts payable and accrued expenses		17	105,786
		Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္မ	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	1 2// 720	23	313,282
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	33,318.	25	43,595
_	26	Total liabilities. Add lines 17 through 25	451,976.	26	462,663
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	1 547 420		1 710 000
au		Unrestricted net assets		27	1,710,889
Pa		Temporarily restricted net assets	17,198.	28	268,698
	29	Permanently restricted net assets		29	
ן ל		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
		Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, or equipment fund		31	
_ '	32	Retained earnings, endowment, accumulated income, or other funds	1 - 1 1 1 1 1 1	32 33	1,979,587
Š	33	Total net assets or fund balances	56/1 646		

2,442,250. Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,10	7,9	65.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,69	3,0	14. 51.	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,56	4,6	36.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,97	9,5	87.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?	-	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2014)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BELCOURT THEATRE, INC.

Employer identification number 62-1770620

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The o	organi	zation is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)				
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name,
		city, and state:	·					•
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a go	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	·	, 0		
6		A federal, state, or local go	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-					public described in
-		section 170(b)(1)(A)(vi). (C	•				3	F
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
	X	An organization that norma				contributio	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin	•	•				•
		See section 509(a)(2). (Cor		(,,,,,,,,,-				, ··
10		An organization organized		ively to test for public sa	afetv. See	section 50)9(a)(4).	
11		An organization organized a	·		•			e purposes of one or
		more publicly supported or	·	•	-		•	
		lines 11a through 11d that	~					
а		Type I. A supporting orga	* *			•		giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·	•			
		organization. You must o		• • • •				•
b		Type II. A supporting org	- ·		tion with it	s supporte	ed organization(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization n your	(v) Amount of monetary	(vi) Amount of
		organization		above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	matractions _j	instructions)
					-			
Гоtа								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	(f) Total						
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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. Section B. Total Support							
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Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total						
7 Amounts from line 4							
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources							
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)							
11 Total support. Add lines 7 through 10							
12 Gross receipts from related activities, etc. (see instructions)							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here	>						
Section C. Computation of Public Support Percentage							
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	%						
15 Public support percentage from 2013 Schedule A, Part II, line 14	%						
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	s box and						
stop here. The organization qualifies as a publicly supported organization	▶□						
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	ck this box						
and stop here. The organization qualifies as a publicly supported organization	▶□						
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	0% or more,						
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	rganization						
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□						
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	5 is 10% or						
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶∐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruct	tions						

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	199,065.	307,262.	315,295.	429,073.	741,791.	1992486.
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	1145142.	1294214.	1506785.	1447325.	1646425.	7039891.
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						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1344207.	1601476.	1822080.	1876398.	2388216.	9032377.
	Amounts included on lines 1, 2, and	1341207.	10011700	1022000.	10703301	2300210.	30323771
1 6	3 received from disqualified persons	45,000.	47,211.	40,674.	25,678.	257,500.	416,063.
r	Amounts included on lines 2 and 3 received	43,000.	47,211.	40,0740	23,070	237,300	110,0031
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year	45,000.	47,211.	40,674.	25,678.	257,500.	
	Add lines 7a and 7b	45,000.	4/,211.	40,074.	23,070.	231,300.	8616314.
	Public support (Subtract line 7c from line 6.)						0010314.
	endar year (or fiscal year beginning in)	(=) 0010	(h) 0011	(-) 0010	(4) 0010	(=) 0014	(6) Tatal
		(a) 2010 1344207.	(b) 2011 1601476.	(c) 2012 1822080.	(d) 2013 1876398.	(e) 2014 2388216.	(f) Total 9032377.
	Amounts from line 6 Gross income from interest,	1344207.	1001470.	1022000.	10/03/03	2300210.	90323776
IUa	dividends, payments received on						
	securities loans, rents, royalties	39,340.	48,350.	54,477.	46,906.	45,276.	234,349.
	and income from similar sources	39,340.	40,330.	34,411.	40,900.	43,270.	234,349.
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
		39,340.	48,350.	54,477.	46,906.	45,276.	234,349.
	Add lines 10a and 10b Net income from unrelated business	39,340.	40,330.	34,4//.	40,900.	45,470.	234,349.
"	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	1202547	1640006	1076557	1002204	2422402	0266726
	Total support. (Add lines 9, 10c, 11, and 12.)	1383547.			1923304.		L
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
		:- O					>
	ction C. Computation of Publ						00 00
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))						15	92.98 %
	Public support percentage from 2013					16	94.39 %
Sec	ction D. Computation of Inves						2 52
17	1 0			ne 13, column (f))		17	2.53 %
18	Investment income percentage from					18	2.87 %
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶ X
b	33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
_		
За		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
94		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	· •···			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_	5	Excess Distributions	Underdistributions	Distributable
secti	on E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2014			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ning underdistributions for years prior to 2014, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
	greate	r than zero, see instructions).			
6	Rema	ning underdistributions for 2014. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	s distributions carryover to 2015. Add lines 3j			
	and 4	э.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	s from 2013			
	F	o from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
HG WEBB	45,000.	12,500.	17,750.	16,528.	250,000.
LAURIE & STEVE ESKIND	0.	5,000.	0.	0.	0.
SCOTT & MIMI MANZLER	0.	19,711.	13,924.	9,150.	0.
FRANK GARRISON	0.	5,000.	0.	0.	0.
TOM WILLS	0.	0.	4,000.	0.	5,000.
CHASE COLE	0.	5,000.	0.	0.	2,500.
EDWARD D. LANQUIST	0.	0.	5,000.	0.	0.
Total to Schedule A, Part III, Line 7a	45,000.	47,211.	40,674.	25,678.	257,500.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047
2014

Name of the organization

Employer identification number

BELCOURT THEATRE, INC. 62-1770620 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _

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) (2014)

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).

Name of organization Employer identification number BELCOURT THEATRE, INC. 62-1770620

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 126,750. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	\$ 67,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BELCOURT THEATRE, INC.

62-1770620

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1607 SHARES OF SIEMENS A G SPONS ADR STOCK	-	
		\$ 216,949.	06/09/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		-	
		_ \$	990, 990-EZ, or 990-PF) (2

Name of orga	inization			Employer identification number		
BELCOU	RT THEATRE, INC.			62-1770620		
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), 01 Owing line entry. For organization or less for the year. (Enter this info. once	(10) that total more than \$1,000 for		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-		(e) Transfer of gi	ift			
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's fiame, address, and	12IF T T	neiationship of tra	iisteror to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
Part I				· · · · · · · · · · · · · · · · · · ·		
		(e) Transfer of gi	ift			
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

BELCOURT THEATRE TNC. **Employer identification number** 62-1770620

Pai	•	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
Ū	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization	· · ·	,
	Preservation of land for public use (e.g., recreation or e	` <u> </u>	orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	, , ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year ►
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 17	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	r Other	Similar As	sets(continue	d)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	t are a sigr	ificant use of	its collection ite	ems
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	ıms			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organization	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?			Yes [No
Pai	t IV Escrow and Custodial Arrang							IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
	· · ·	•						Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						-	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai					•				
	·	(a) Current year		rior year	1		Three years ba	ack (e) Four yea	ars back
1 a	Beginning of year balance	(a) carrone your	(2):	nor your	(6) yeur	s such (u)	, 55 , 54 5	(0) : 54: 55:	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	•								
	and programs								
	Administrative expenses								
_	End of year balance	ant year and balanc	 	a column (a)) hold oo:				
2	Provide the estimated percentage of the curr			g, column (a	a)) neid as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are neld a	and administe	red for the	organization	[
	by:							Ye	s No
	(i) unrelated organizations							3a(i)	- -
	(ii) related organizations								+
	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	1		, line 11a. S	See Form 990,	Part X, lin	e 10.		
	Description of property	(a) Cost or o			t or other		umulated	(d) Book va	alue
		basis (investr	ment)		(other)	depre	ciation		
1a	Land				0,000.				000.
	Buildings			1,36	0,276.	39	9,806.	960,	470.
С	Leasehold improvements								44-
d	Equipment			54	9,106.	25	8,996.	290,	110.
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X. colun	nn (B), line	10c.)			1,460,	580.

Schedule D (Form 990) 2014

Part VII	Investments -	Other	Securities.

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
` '	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	a) must equal Form 000. Part V. col. (P) line 12.)				
	n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.				
I alt VIII	Complete if the organization answered "Yes"	to Form 000 Port IV	line 11e See Form 000 I	Dort V line 12	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)	(a) Becomplien of investment	(b) Book value	(O) Welled of V	diddion. Cost of one	d of your market value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	o) 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)					
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV		1 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
	eral income taxes 'HER CURRENT LIABILITIES		43,595.		
(-)	HER CORENI DIABILITES		43,333.		
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	43,595.		
	, ,	- ,	,		

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 X

Schedule D (Form 990) 2014

						90
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	etur	າ.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2,431,439
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С		eries of prior year grants				
d	Other	Describe in Part XIII.)	2d			
е	Add lir	es 2a through 2d			2e	0 .
3	Subtra	ct line 2e from line 1			3	2,431,439
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	Describe in Part XIII.)	4b	-323,474.		
С	Add lir	es 4a and 4b			4c	-323,474
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,107,965
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stater		th Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				0.016.100
1		xpenses and losses per audited financial statements			1	2,016,488
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	· -			
b		ear adjustments				
С		osses		202 454		
d		Describe in Part XIII.)		323,474.		202 454
е		es 2a through 2d			2e	323,474
3		ct line 2e from line 1			3	1,693,014
4		its included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		Describe in Part XIII.)	4b			•
С		es 4a and 4b			4c	0.
5	Total e	xpenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,693,014

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE BELCOURT'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2014 BELCOURT THEATRE, INC.	62-1770620 Page 5
Part XIII Supplemental Information (continued)	
DIRECT FUNDRAISING EXPENSES: OSCAR PARTY	-24,982.
DIRECT FUNDRAISING EXPENSES: ND FESTIVAL	-158.
COST OF GOODS SOLD	-298,334.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-323,474.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES: OSCAR PARTY	24,982.
DIRECT FUNDRAISING EXPENSES: ND FESTIVAL	158.
COST OF GOODS SOLD	298,334.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	323,474.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization Employer identification number BELCOURT THEATRE, INC. 62-1770620 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i)

Yes No

ota	al							
	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

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Schedule G (Form 990 or 990-EZ) 2014 BELCOURT THEATRE, INC. 62-1770620 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events RED CARPET NONE (add col. (a) through EVENT col. (c)) (event type) (total number) (event type) 65,802 65,802. Gross receipts 16,800 16,800. 2 Less: Contributions 49,002 49,002. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 24,982. 24,982. 24,982 **10** Direct expense summary. Add lines 4 through 9 in column (d) 24,020 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

	Is the organization licensed to conduct gaming activities in each of these states? of "No," explain:	Y	'es	No
l0a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Y	'es	No
b	o If "Yes," explain:			

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 BELCOURT THEATRE, INC. 62-	1//0620	Page 3
11	Does the organization conduct gaming activities with nonmembers?	└── Yes	L∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year ▶ \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9 9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
-			

Schedule G	(Form 990 or 990-EZ)	BELCOURT THEATRE	, INC.	62-1770620 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
		,		

SCHEDULE M (Form 990)

Noncash Contributions

INC.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Name of the organization BELCOURT THEATRE,

62-1770620

Par	rt I Types of Property									
		(a)	(b)	(c)		l .	(d)			
		Check if applicable	Number of contributions or	Noncash cont amounts repo			lethod of de ash contribi			•
		applicable	items contributed			TIOTIC	asii continot	ulion ai	HOUITE	5
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	3	222,	013.	FMV O	N DATE	OF	GI	FT
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
	Food inventory									
	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
	Scientific specimens									
	Archeological artifacts									
25	Other • ()									
26	Other • ()									
27	Other • ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, Iir	nes 1 throu	gh 28, that	: it			
	must hold for at least three years from the date	of the initia	al contribution, and	I which is not req	uired to be	used for				
	exempt purposes for the entire holding period?							30a		_X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-stand	ard contrib	utions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or se	ell noncash					
	contributions?							32a		X
	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colu	mn (a) is ch	necked,				
	describe in Part II.									
НΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 99	n		9	chedule M	(Form	aan) (2014)

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

BELCOURT THEATRE, INC.

Employer identification number 62-1770620

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INNOVATIVE FILM PROGRAMMING IN OUR HISTORIC THEATRE.

FORM 990, PART VI, SECTION B, LINE 11:

THE BELCOURT TREASURER, EXECUTIVE DIRECTOR, PRESIDENT AND MEMBERS OF THE AUDIT AND FINANCE COMMITTEE REVIEW THE RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND SIGNED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF

DIRECTORS WHO DETERMINE ANY CHANGES. THE AUDIT & FINANCE COMMITTEE APPROVE

AN ANNUAL COST-OF-LIVING INCREASE THAT IS WORKED INTO THE BUDGET. RAISES

ABOVE THE PERCENTAGE ARE MADE BASED ON RECOMMENDATION BY THE EXECUTIVE

DIRECTOR TO THE BOARD OR EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE BELCOURT POSTS ALL ITS INFORMATION ON GIVING MATTERS AND THE INFORMATION IS INCLUDED IN THE GUIDESTAR LISTINGS.

FORM 990, PART XII, LINE 2C:

THE BELCOURT THEATRE HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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