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 $\mathsf{Form}\, 990$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

Α	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identific	ation number
	Addre chang	NO LIMITS THEATRE GROUP, INC.			
	Name chang			95-46	503048
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termir	3001 WASHINGTON BLVD. SUITE 300B		(310)	280-0878
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	423,718.
	Applic	COLVER CITI, CA 90230		H(a) Is this a group ref	
	pendii	F Name and address of principal officer:MICHELLE CHRISTIE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		empt status 🗶 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🔲 4947(a)(1) o	or 527	If "No," attach a l	ist (see instructions)
		e: > KIDSWITHNOLIMITS.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1996 M	State of legal domicile: CA
P	art I	Summary			
ģ		Briefly describe the organization's mission or most significant activities NO L1			
Governance	1	THERAPY, LITERACY, STEM, TEEN LEADERSHIP			
ern	1	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net as:	
્ટ્રે	1	Number of voting members of the governing body (Part VI, line 1a)		3	15
ಷ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
Activities &	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
₹	1	Total number of volunteers (estimate if necessary)		6	0
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, fine 34			0.
		Ocataba ta an and annata (Dash)(III ba a 4b)	<u> </u>	Prior Year	Current Year
ë	1	Contributions and grants (Part VIII, line 1h)	-	380,051.	363,927.
Revenue	1	Program service revenue (Part VIII, line 2g)	-	63,574.	15,147.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0. 36,109.	117. 22,876.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	479,734.	402,067.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	. 0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		201,748.	183,199.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
ber	1	Total fundraising expenses (Part IX, column (D), line 25)	77.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	/ •	298,918.	291,685.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) (line 25) F	~~ <u>`</u>	500,666.	474,884.
		Revenue less expenses Subtract line 18 from line 12	ပါ 🗀	<20,932.	<72,817.
JO.		1 1	Ö Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	אַן אַ	209,270.	135,983.
ASS	21		الم	18,685.	18,215.
E.E.	22	Net assets or fund balances Subtract line 21 from line 2000051	=	190,585.	117,768.
P	art II	Signature Block			
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r has any knowledge. 🔒	
		Mulle Chano		12/1	8/12
Sig	n	Signature of officer		Date /	• • • • • • • • • • • • • • • • • • • •
He	·e	MICHELLE CHRISTIE, EXECUTIVE DIRECTOR,	/FOUNI	DER	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	SHELLY M. QUARISA AMUN (X WAN WA	· L. 1	L 2 / 0 4 / 1 2 self-employer	
	parer	Firm's name OLIVA, GODDARD & WRIGHT, CPA'S		Firm's EIN	33-0578542
Use	Only	Firm's address 9333 GENESEE AVENUE, STITE 110			
_		SAN DIEGO, CA 92121		Phone no. (8	358) 554-0800
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
1320	01 01-2	·			Form 990 (2011)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION ST	LATEM	ENT CONTINUA!	LION

	rt III Statement of Program Service Accomplishments	95-4603048 Page 2
		. 🕱
1	Check if Schedule O contains a response to any question in this Part III	<u> </u>
•	Briefly describe the organization's mission. THE MISSION OF NO LIMITS IS TO MEET THE AUDITORY, SPEECH	JAND TANCITACE
	NEEDS OF DEAF CHILDREN AND ENHANCE THEIR CONFIDENCE THRO	
	ARTS AND INDIVIDUAL THERAPY AS WELL AS PROVIDE FAMILY SU	
	COMMUNITY AWARENESS ON THE NEEDS AND TALENTS OF CHILDREN	WITH A
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	15 147
4a		
	INDIVIDUAL THERAPY, LITERACY, STEM, TEEN LEADERSHIP AND	
	PARENT EDUCATION AND NATIONAL PERFORMING ARTS PROGRAM TO	
	CHILDREN WITH A HEARING LOSS. THE FOUNDATION HAS RECEIVE	
	DONATION OF REDUCED RENT ON LEASED COMMERCIAL SPACE BY 3	JP MORGAN CHASE
	IN THE AMOUNT OF \$104,568.	_
	- 	
		
	•	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	e\$)
		
	-	
		····
		
4c	(Code) (Expenses \$ including grants of \$) (Revenu	ne \$)
70	(Code) (Expenses \$) (November 1)	· · · · · · · · · · · · · · · · · · ·
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 423,860.	
		Form 990 (2011)
13200 02-09		

Part IV Checklist of Required Schedules ROUP, INC.

1 Is the organization described in section 501(c)(c) or 4947(q)(1) (other than a private foundation)? 1 If Yes, complete Schedule 8, Schedule 6, Schedule 60 Contributors? 2 Is the organization engage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 3 X 2 Section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(Yes	No
2 Is the organization required to complete Schedule 8, Schedule 6, Centrubution? 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 II Section 301(K)8) organizations. Did in direct or indirect political campaign activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assection of 501(k)(8). Office(5), or 501(k)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Sel 191 If "Yes," complete Schedule C, Part II is the organization assection of the enganization or investment of amounts in such flunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such flunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such flunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such flunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such flunds or accounts for which donors have the right to provide advice on the distribution or investment or provide advice of the similar assets? If If "Yes," complete Schedule D, Part II If If the organization receive or hold a conservation essense; or other similar assets? If If "Yes," complete Schedule D, Part IV If If the organization organization organization organization services? If "Yes," complete Schedule D, Part IV If If the organization organization services? If "Yes," complete Schedule D, Part IV If If the organization organization services is "Yes," the complete Schedule D, Part IV If If the organization organization and amount for investments - other securities in Part X, line 127 If "Yes," complete Schedule D, Part X If	1				
3 Dd the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 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 III 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 III Section 501(c)(3) organizations. Or office (5) (6)(6)(5) (6)(6)(6)(6) (6)(6)(6) (6)(6)(6) (6)(6) (6)(6)(6) (6)(6)(6) (6)(6) (6)(6) (6)(6)(6) (6					
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 5	3				
dumpt the tax year? If "Yes," complete Schedule C, Part II Is the organization a section SO1(e)(4), 501(c)(5), or 501(e)(6), or		•	3_		<u>X</u>
5 Is the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 5 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 for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment or accounts and the provided and accounts of the provided and accounts for the provided and accounts of the provided and accounts for the provided acc	4				
smilar amounts as defined in Revenue Procedure 98197 if Yes, "complete Schedule C, Part III but the organization mannam any othors adversed funds or any smaller 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 II or the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III or the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III or the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV or the organization report an amount in Part X, line 21, 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 or the organization developed in the organization and in the organization services of If "Yes," complete Schedule D, Part VI or the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI or bid 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 VI or bid 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 VI organization report an amount for other isabilities 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 X VI organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X VI organization separate organization			4		<u> X</u>
6 Did the organization maintain any donor advised funds or accounts? If "Yes," complete Schedule D, Part I 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 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 Did the organization and propriation and provided credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part VIII II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for orbiter 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 XIII III X III the organization report an amount for other liabilities 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 XIII X III the organization report and amount for investments organization report of the torganization report on a more interested i	5				
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Schedule D, Part III 9 Did the organization report an amount in Part X, ine 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 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 VI 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization report an amount for India, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 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 13 Did the organization report an amount for other assets 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 14 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 VIII 15 Did the organization in sparate, independent audited financial statements for the tax year include a footnote that addresses the organization insurpative in the part 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 X, line 15 that its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If Yes, complete Schedule D, Part X, line 16 that addresses the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII S Did the organization in Part X, column (A), line 3, more than \$5,000 of gargeste grains or assi	_	•	-		
9 Did the organization report an amount in Part X, line 21, 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 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 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Part V 11 Part V 12 Did the organization report an amount for investments - other securities 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 V II 11 In Italian Schedule D Part X III III III III III III III III III	0				v
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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 I If the organization shows answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I Did the organization report an amount for investments - other securities 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 VII I 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 VII I Did the organization report an amount for other labilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X I Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X I Did the organization stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X I Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X X III Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, investment, and program service activiti	9		٦		v
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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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		·	16		X
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-			_	
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		1 100 to mile 200, did the organization attent a copy of ite addition interioral statements to this return:		990	2011\

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States 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 25	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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		Х
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		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
	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_		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		Λ
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>"</u>		
32	Schedule N, Part II	32	'	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	-
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
-	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

Check 4 Schedule C contains a response to any question in this Part V 1a. Enter the number reported in Box 3 of Form 1098. Enter -0 if not applicable be the the number of Forms W20 included in his 1a. Enter -0 if not applicable continued to the continued of Forms W20 included in his 1a. Enter -0 included	Form	990 (2011) NO LIMITS THEATRE GROUP, INC. 95-460. † V Statements Regarding Other IRS Filings and Tax Compliance	3048	Р	age 5
1a Enter the number reported in Box 3 of Form 1096 Enter 0-4 in applicable be Enter the number of Forms W2C included in line 1a. Enter 0-4 in chapplicable to 0.0 of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize women? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3b If at least one is reported on line 23, did the organization life all required federal employment tax returns? Note. If the sum of lines 1a and 2 is a greater than 250, you may be required to e-file (see instructions) 3b If the sum of lines 1a and 2 is a greater than 250, you may be required to e-file (see instructions) 3c If Yes, *hast filed a Form 990 T for this year? If *No.* *provide an explanation in Schedule O 3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial account? 3b If Yes, *hast filed a Form 990 T for this year? If *No.* *provide an explanation in Schedule O 3c If Yes, *the three the name of the foreign country; ▶ 3c Was the organization aparty to a prohibitod tax sheller triansaction at any time during the tax year? 5c If Yes, *the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If Yes, *the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 5c If Yes, *the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 5c If Yes, *the organization shall may receive deductible? 6c If Yes, *the organization than		Check if Schedule O contains a response to any question in this Part V			
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3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," this if field a Form 190-T for this year? If "No," provide an explanation in Schedule O A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for fling requirements for Form TD Fig. 22.1, Peport of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction of Fig. 22.1, Peport of Foreign Bank and Financial Accounts. 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that was preceive deductible contributions under section 170(c). 8d Did the organization shall may receive deductible contributions under section 170(c). 9d If "Yes," did the organization notify the donor of the value of the goods or services provided? 1b If "Yes," did the organization notify the donor of the value of the goods or services provided? 1c If Yes, "indicate the number of Forms 8282 feed during the year 1c If the organization decrease any furnds, directly or indirectly, to pay premiums on a personal benefit contract? 1c If the organization organization services organization services to	b	· · · · · · · · · · · · · · · · · · ·	20		
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4a A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes, "enter the name of the foreign country." ► See instructions for filing requirements for Form TD F9022.1, Feport of Foreign Bank and Financial Accounts. 5a Was the organization a pray to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that of the Form 8886-T7 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes, "to differ organization shall any receive deductible contributions under section 170(c). a Did the organization shall any receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution of tangble personal property for which it was required to file Form 8282? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c If If Yes, "do the organization notify three donor of the value of the goods or services provided? b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8282? If Yes, "to the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 109			h	-	X
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d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nave excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter: a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	•		7c		$ \mathbf{x} $
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans	4		İ
	С	Enter the amount of reserves on hand			
h. If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b ii 163, has it iiled a form 720 to report these payments in 170, provide an explanation in some disc.	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

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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 to any question in this Part VI			\mathbf{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 15										
	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 15										
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		X							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		<u> </u>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		.,							
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Vaa	Na							
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?										
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	<u> </u>							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
•	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		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?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ļ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a	ļ	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b	<u></u>	L							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA										
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)	availat	не								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website X Another's website X Upon request	al 6:	2010								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iinal	icial								
00	statements available to the public during the tax year	tion: Þ									
20											
	MICHELLE CHRISTIE - (310) 280-0878 9801 WASHINGTON BLVD. SUITE 300B, CULVER CITY, CA 90230										
13200 01-23	8	Form	990	(2011)							

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Check if Schedule O contains a response to any question 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.

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

- 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.

 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 week	boх.	not cl	ss per	ntion more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHELLE CHRISTIE										
EXECUTIVE DIRECTOR	65.00	X		X		X		109,750.	0.	13,956.
(2) NUGENT J. VITALLO										
TREASURER	5.00	X		X				0.	0.	0.
(3) BETH PRICE										
PRESIDENT	10.00	X		X	ļ			0.	0.	0.
(4) KATHY BUCKLEY	10.00]			
BOARD MEMBER	10.00	X	<u> </u>			-	<u> </u>	0.	0.	0.
(5) LINDA SALLAS	F 00									_
BOARD MEMBER	5.00	X						0.	0.	0.
(6) RON DUNNER	F 00	.,						0.	0.	0.
BOARD MEMBER	5.00	X			-	├			0.	0.
(7) CRAIG GRELLA	5.00	v		İ '				٥.	0.	0.
BOARD MEMBER	3.00	^		\vdash			ļ. —		0.	0.
(8) ADI GREENBERG	5.00	v	ļ				İ	0.	0.	0.
BOARD MEMBER	3.00	^			-	╁				0.
(9) LEANNE HARPER	5.00	X						0.	0.	0.
BOARD MEMBER	3.00	^			_	t^-				-
(10) RHONDA STARK	5.00	X						0.	0.	0.
BOARD MEMBER (11) KRISTEN MIRABELLA	3.00									
BOARD MEMBER	5.00	x						0.	0.	0.
(12) RICHARD REINER	3,00	 		-	_	\vdash				
BOARD MEMBER	5.00	x						0.	0.	0.
(13) RON SCHUR				l —		<u> </u>				
TREASURER	5.00	$ \mathbf{x} $		i				0.	0.	0.
(14) ELI STEELE				İ						
BOARD MEMBER	5.00	X						0.	0.	0.
(15) TERRI DECKER										
SECRETARY	5.00	X		X				0.	0.	0.
	_									

Form 990 (2011)

Par	t VII Section A. Officers, Directors, Tri	ıstees, Key Eı	mpk	oyee	s, a	nd l	<u> High</u>	est	Compensated Employ	ees (continued)	,			
	(A)	(B) Average				C)			(D)	(E)		Ec	(F)	٠
	Name and title	hours per		not c	heck	more	than o		Reportable compensation	Reportable compensatio	n		timated ount c	
		week (describe	—	сег ал	dad	recto	x/trus	ee)	from	from related			other	
		hours for	Individual trustee or director				ed		the organization	organizations (W-2/1099-MIS			ensat om the	
		related organizations	ustee 0	Institutional trustee			pensat		(W·2/1099·MISC)			_	anızatio	
		in Schedule	id ual tr	utionaf	=	Key employee	est com oyee	₽					i relate nızatıo	
		0)	īg Š	Instit	Officer	Keye	Highest compensated employee	ē.						
							-	_		-				
				_										
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		_												
				-		 	_		1		_			
				_										
1b	Sub-total	1,				ــــــ	>		109,750.		0.	1	3,95	
	Total from continuation sheets to Part V	II, Section A							109,750.		0.		3,95	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wh	no re		0.000 of reportable		<u> </u>	3, 9 :	<u>, o .</u>
	compensation from the organization									,				1
2	Did the organization list any former officer,	director or tri	ıcto	a ka	w or	nnla	oo	or	highest compensated a	molovee on	ı		Yes	No
3	line 1a? If "Yes," complete Schedule J for s			5, N	уе	пріс	усс	OI I	nignest compensated e	mpioyee on		3		X
4	For any individual listed on line 1a, is the si	•								the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		<u> </u>
	rendered to the organization? If "Yes," con	•				-		Ciat	ed organization of indiv			5	j	<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation fi	rom	
	(A)								(B)			(C		
	Name and business	address	N	INC	<u> </u>			-	Description of s	services		omper	sation	<u> </u>
		<u></u>											_	
							_						-	
								4						
	Total number of independent contractors (including but r	not li	mite	d to	tho	ا می		1 above) who received n	nore than				
	\$100,000 of compensation from the organ	-	10t II		J 10		0	,,,,,,	2 above, who received in	JOIC CHAIT				
												Form 9	990 (2	2011)

Form 990 (2011)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations e Government grants (contributions) <u>1e</u> All other contributions, gifts, grants, and 363,927 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 363,927 h Total. Add lines 1a-1f **Business Code** 711110 11,537 11,537 2 a OTHER PROGRAM SERVICE Program Service Revenue 3,610 711110 3,610. TICKET SALES f All other program service revenue 15,147 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 117 117. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 44,527 Part IV, line 18 b Less: direct expenses 22,876. 22,876 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 402,067. 15,147 0. 22,993. Total revenue See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	8b, 9b, and 10b of Part VIII.	· -	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4 =	Benefits paid to or for members				
5	Compensation of current officers, directors,	109,750.	109,750.		
6	trustees, and key employees Compensation not included above, to disqualified	109,130.	109,130.		_
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	39,083.	30,094.	7,035.	1,954
7 8	Other salaries and wages Pension plan accruals and contributions (include	39,003.	30,034.	1,033.	1,334
0		4,800.	4,800.		
^	section 401(k) and section 403(b) employer contributions) Other employee benefits	13,173.	13,173.		
9	Payroll taxes	16,393.	16,393.		•
IO I 4	Fees for services (non-employees):	10,333.	10,333.		
1	Management		:		
a	T T				
b	Legal Legal Accounting	1,538.		1,538.	
ď		1,550.		1,550.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f	Other				
g 2	Advertising and promotion				
3	Office expenses	7,671.	7,671.		
13 14	Information technology	7,071	7,0,11		
5	Royalties				
16	Occupancy	40,000.	32,000.	8,000.	
17	Travel	10,055.	10,055.		
ı, 18	Payments of travel or entertainment expenses	10,033.	10,0331		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				.
20	Interest	412.		412.	
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,718.	4,123.	595.	
3	Insurance	-,,200	-, -201	3237	<u> </u>
3 4	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 O.)				
а	ODDDOU MUDDADY THOMDHOM	73,985.	73,985.		-
b	PRODUCTION COSTS	58,300.	58,300.		
c	LITERACY PROGRAM INSTRU	30,808.	30,808.		
d	SPEECH THERAPY MATERIAL	11,764.	11,764.		
_	All other expenses SEE SCH O	52,434.	20,944.	20,667.	10,823
:5	Total functional expenses. Add lines 1 through 24e	474,884.	423,860.	38,247.	12,777
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)				

				(A) Beginning of year		(B) End of year
Т		0-1				
	1	Cash - non-interest-bearing	• ••	124,954. 75,906.	1	48,381
ı	2	Savings and temporary cash investments	}	/5,906.	2	76,024
-	3	Pledges and grants receivable, net	}		3_	
	4	Accounts receivable, net	·		4	
	5	Receivables from current and former officers, de	· ·			
		employees, and highest compensated employe	es. Complete Part II			
	_	of Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c	.,			
		employers and sponsoring organizations of sec				
ا ب		employees' beneficiary organizations (see instru	ictions)		6	
499013	7	Notes and loans receivable, net	<u>.</u>	-	7	
?	8	Inventories for sale or use			8	
- 1	9	Prepaid expenses and deferred charges	, ,		9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a 68,918.			
	b	Less: accumulated depreciation	10b 57,340.	8,410.		<u>11,578</u>
	11	Investments - publicly traded securities	<u> </u>		11	
	12	Investments - other securities. See Part IV, line	11 <u> </u>		12	
	13	Investments - program-related See Part IV, line	11		13	
ı	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
_	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	209,270.	16	135,983
	17	Accounts payable and accrued expenses	11,602.	17	11,132	
-	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
3	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
	22	Payables to current and former officers, director	rs, trustees, key employees,			
Liabilities		highest compensated employees, and disqualifi	ed persons Complete Part II			
'		of Schedule L		7,083.	22_	7,083
	23	Secured mortgages and notes payable to unrela	ated third parties	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
ı	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
- 1		Schedule D			25	
_	26	Total liabilities. Add lines 17 through 25		18,685.	26	18,215
		Organizations that follow SFAS 117, check he	ere 🕨 📖 and complete	:		
8		lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets			27	
[28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets		29	<u> </u>	
!		Organizations that do not follow SFAS 117, c	heck here ▶ X and			
5		complete lines 30 through 34.				
3	30	Capital stock or trust principal, or current funds		0.	_30	0
2	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0.	31	0
Net Assets of Fulld balances	32	Retained earnings, endowment, accumulated in	come, or other funds	190,585.	32	117,768
۲	33	Total net assets or fund balances		190,585.	33	<u>11</u> 7,768
	34	Total liabilities and net assets/fund balances		209,270.	34	135,983

Form	990 (2011) NO LIMITS THEATRE GROUP, INC.	95-460	3048	Pad	ge 12			
Pa	rt XI Reconciliation of Net Assets			-				
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40	2,0	<u>67.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	474,884.					
3	Revenue less expenses Subtract line 2 from line 1	3	<7	2,8	<u> 17.</u> >			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	0,5	85.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11	7,7	68.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			Į			
	separate basis, consolidated basis, or both:				l			
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit						
	Act and OMB Circular A-133?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	9 90 (2011)			

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

| 20

Open to Public

Department of the Treasury Internal Revenue Service 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. ➤ See separate instructions.

Inspection Employer identification number

		NO LIMI	TS THEATRE G	ROUP,	INC.				95	-4603	048	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.		_		
The organ	ization is not a	a private foundation l	because it is: (For lines	1 through	11, check	only one b	юх)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization (described	n section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ie hospital	's nam	ıe,
	city, and stat	e:									_	
5 🔲	-	on operated for the label (b)(1)(A)(iv). (Complete	benefit of a college or u	niversity ov	wned or op	erated by	a governr	mental unr	t describe	d in		
6 🔲			ent or governmental unr	t describer	d in coatio	n 170/h)/	1\/ A \/ ₆ .\					
7			-					r from the	goneral n	ublic dosc	nhod i	n
′ —	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗓			eives: (1) more than 33			rom contri	hutions m	nemhershi	n fees and	d aross rea	ceints	from
بمما	_		nctions - subject to certa									
			axable income (less sect							_		
		509(a)(2). (Complete			,	0100000	.oquou b	,o o.ga			· · · · · · ·	•
10 🗀				st for publ	ıc safetv. S	See sectio	n 509(a)(4	\$).				
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
			organization and compl									
	a L Type I			Тур		•	•			Type III - (
e	-	•	t the organization is not		-	-	-					n
		=	han one or more publicly		-				9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atrtisa Ty	pe I, Type	II, or Type	e III				_
		rganization, check th		_		_			_			
g	_		organization accepted ar			•						
	• •		irectly controls, either al	one or tog	etner with	persons o	iescribed i	in (ii) and (iii) below,	44.0	Yes	No_
	-	• •	upported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)		\vdash
			person described in (i) o							11g(iii)		<u> </u>
h	Provide the 1	ollowing information	about the supported or	ganization	(S)							
	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) An sup	nount o port	f
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
]							
				 				 	-			
				 		_					_	
				-								
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Pa	art II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) an	nd 170(b)(1)(A)(vi)
	(Complete only if you checke				on failed to qualify	under Part III. If	the organization
_	fails to qualify under the test	s listed below, plea	sse complete Part	III)			
Se	ction A. Public Support				- <u>.</u> -		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon'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						
Se	ction B. Total Support						•
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ons)	····		12	
	First five years. If the Form 990 is fo		•	rd, fourth, or fifth t	tax year as a section		
	organization, check this box and stop	•			•		▶□
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	%
	a 33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies	-					ightharpoons
t	33 1/3% support test - 2010. If the		•		d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua	-				•	▶□
17:	10% -facts-and-circumstances tes				ne 13, 16a. or 16h.	and line 14 is 10	% or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						, .
ł	10% -facts-and-circumstances tes					17a, and line 15	ıs 10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire				•		▶□

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	869,930.	699,574.	452,472.	437,626.	386,803.	2846405.
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	9,654.	14,655.	59,057.	63,574.	15,147.	162,087.
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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	879,584.	714,229.	511,529.	501,200.	401,950.	3008492.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·					0.
8	Public support (Subtract line 7c from line 6)		-				3008492.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	879,584.	714,229.	511,529.	501,200.	401,950.	3008492.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	E 03E	C 571	450		117	12 001
	and income from similar sources	5,835.	6,571.	458.		117.	12,981.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				i		
	acquired after June 30, 1975	F 02F	C 571	450	· · · -	117	10 001
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	5,835.	6,571.	458.		117.	12,981.
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	885,419.	720,800.				
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
Sec	check this box and stop here	ic Support Pe	rcentage	·			
	Public support percentage for 2011 (volumn (fl)		15	99.57 %
	Public support percentage from 2010			oldinin (i))		16	99.39 %
_	ction D. Computation of Inves					Lio I	
	Investment income percentage for 20			ne 13 column (f)		17	.43 %
				ie 15, widi'ii (i)/		18	.61 %
18	a 33 1/3% support tests - 2011. If the			on line 14, and line	15 is more than 3		
198	more than 33 1/3%, check this box a						7 is not ►X
j.	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the				_		-
	line 18 is not more than 33 1/3%, che	•					
<u>20</u>	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	
1220	23 01-24-12				Sch	edule A (Form 99	0 or 990.E7\ 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NO LIMITS THEATRE GROUP, INC.

Employer identification number

95-4603048 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2011 NO LIMITS								03048	
Par	t III Organizations Maintaining Col	lections of Ar	rt, Histori	al Tr	easures, o	or Othe	er Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accession,	, and other record	ls, check any	of the	following that	it are a si	ignificant u	ise of its	collection ite	ems
	(check all that apply)									
а	Public exhibition	d	Loar	or exc	hange progra	ams				
b	Scholarly research	е	Othe	r						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explai	n how they f	urther t	he organizati	on's exe	mpt purpo	se in Pari	t XIV	
5	During the year, did the organization solicit or re	eceive donations of	of art, histon	cal trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be maint	tained as part of t	he organizat	on's co	ollection?				Yes	<u>No</u>
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete if the org	anızatıc	on answered	"Yes" to	Form 990,	Part IV, I	line 9, or	
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for cont	ribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?] Yes [No
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing table						_	
	, ,	·	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990. Part X. line	21?		•				Yes	No
	If "Yes," explain the arrangement in Part XIV	,								
Par		ne organization an	swered "Yes	to Fo	rm 990, Part	IV, line 1	0.			
		a) Current year	(b) Prior	-				ears back	(e) Four yea	ars back
1a	Beginning of year balance	<u></u>			10/		1-7		1-7	
b	Contributions		-							
	Net investment earnings, gains, and losses									
4	Grants or scholarships				İ					
u	Other expenditures for facilities	.=			· · · ·					
·	and programs									
	Administrative expenses								-	
'	End of year balance									
g	Provide the estimated percentage of the curren	t vear end halanc	e (line 1a co	dumn /s	a)) held as:				L	
2	Board designated or quasi-endowment	it year end balanc	%	namm (c	a)) Hold as.					
a	Permanent endowment	%	- ′°							
b	Temporarily restricted endowment	^^ %								
C	The percentages in lines 2a, 2b, and 2c should									
20	Are there endowment funds not in the possessi		ation that are	held a	and administe	ered for ti	he organiz	ation		
Ja		ion of the organiza	anon mar an	, noid b	and administra	7,00,10, 1	no organiz	allon	Ye	s No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								3a(ii)	_
L-	If "Yes" to 3a(ii), are the related organizations lis	etad as required s	n Schadula	מם					3b	+
D A	Describe in Part XIV the intended uses of the oil	•							30	
Par	t VI Land, Buildings, and Equipmen									
ı aı		(a) Cost or o			t or other	(a) A	ccumulate	<u>d</u>	(d) Book va	alue
	Description of property	basis (investr		- •	(other)		preciation	۱ ۳	(u) Dook v	aiue
	Lond	24515 (1110511		540.0	(3.1.0.)	30				
	Land							-		
	Buildings									
	Leasehold improvements	-	 							
	Equipment				8,918.		57,34	10	11	578.
	Other Add lines 1a through 1e (Column (d) must equ	ual Form 990 Part	X column (<u> </u>	<u> </u>		578.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 NO LIMITS THEATRE GROUP, INC		95-4603048 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Sta	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	. 9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements	s With Revenue per	r Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recovenes of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	t XIII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses p	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pai	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
			Schedule D (Form 990) 2011

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number Name of the organization 95-4603048 NO LIMITS THEATRE GROUP, INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ flers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2011

	edu art	le G (Form 990 or 990-EZ) 2011 NO LIM: Fundraising Events. Complete if to of fundraising event contributions and g	he organization answered	d "Yes" to Form 990, Part	t IV, line 18, or reported	
		or iditidiating event contributions and g	(a) Event #1 FUNDRAISING EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	44 505
æ	1	Gross receipts	44,527.			44,527.
	2	Less Chantable contributions			<u>-</u>	
	3	Gross income (line 1 minus line 2)	44,527.			44,527.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				<u> </u>
	8	Entertainment				
	9	Other direct expenses	21,651.			21,651.
	10	Direct expense summary. Add lines 4 through	ıh 9 ın column (d)		>	(21,651)
		Net income summary Combine line 3, colum			_	22,876.
Pa	irt		answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
	1	\$15,000 on Form 990-EZ, ine 6a	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c)
ever						77 0 77
æ	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct 6	4	Rent/facility costs				
	_5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes% No	
	7	Direct expense summary Add lines 2 throug	jh 5 in column (d)		•	()
	8	Net gaming income summary Combine line	1, column d, and line 7		•	
a	ı İs 1	ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses in Yes, explain.			year?	Yes No
1320	B2 0	1-23-12			Schedule G (For	m 990 or 990-EZ) 2011

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2011 NO LIMITS THEATRE GROUP, INC. 95-	<u>4603048</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ 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 operated in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	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	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party >\$		
С	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		
	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	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	-		
_			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection Employer identification number

Schedule L (Form 990 or 990-EZ) 2011

Name of the organization								Employer	identif	ication n	umber
NO 3	LIMITS	THEAT	RE GE	ROUP, I	NC.			95- <u>4</u> 6	0304	. 8	
Part I Excess Benefit 1	ransactio	ns (section	on 501(c)(3) and section	501(c)(4) organization	ns only)					
Complete if the organ	ization answe	ered "Yes"	on Form	990, Part IV, I	ine 25a or 25b, or For	m 990 <u>-</u> EZ,	Part	V, line 40)b		
1 (a) Name of disq	uslified nerse	nn.			(b) Description of	of transacti	on			(c) Corr	ected?
(a) Name of disq	—————	<i></i>			(b) Description C					Yes	No_
		 .							_		
										<u> </u>	
					 	.					
						·					
2 Enter the amount of tax impos	sed on the or	ranization	manager	e or disculalifie	ad persons during the	vear unde					
section 4958	sed on the or	garlization	i iiiaiiayei	s or disqualine	ed persons during the	year unde	•	▶ \$			
3 Enter the amount of tax, if any	v on line 2 a	hove reim	hursed hy	the organiza	tion			S			
b Enter the amount of tax, it any	,, 0,, 2, 0	2010, 10	,	, tho organiza				,			
Part II Loans to and/or	From Inte	rested	Persons	<u>.</u>							
Complete if the organ	ization answi	ered "Yes'	on Form	990, Part IV, I	ine 26, or Form 990-E	Z, Part V, li	ne 3				
(a) Name of interested	(b) Loan to			nal principal	(d) Balance due	(e) In	1	(f) App	oroved ard or	(g) W	ritten
person and purpose	the organi	ization?] ar	nount		default	t? 	comm	rttee?	agreer	ment?
	То	From					No	Yes	No	Yes	No_
MICHELLE CHRISTIE	Х			7,083.	7,083.		<u>X</u> _	X		X	
			ļ								
								+		 	
			+					 		-	
			+					+			-
		·						+			
					•						
Total				▶ \$	7,083.						
Part III Grants or Assist	ance Ben	efiting l	ntereste	ed Persons	3.						
Complete if the organ	ization answ	ered "Yes	on Form	990, Part IV,	ine 27						
(a) Name of interested p	erson		(b) Relat		en interested person	and				d type of	f
				the org	ganization				assistar	ice	
				_							
				<u> </u>		-					
											
		+-									
										· <u> </u>	
						· -					

SEE PART V FOR CONTINUATIONS

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

	<u> </u>					
Part IV		LIMITS THEATRE GROUP, volving Interested Persons.				
		ered "Yes" on Form 990, Part IV, line 28a,		-1	10\Ch-	rina c
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation'
		person and the organization	transaction	transaction	Yes	ues? No
					res	NO
			Ī <u>.</u>			
						_
			 	_		
						
				 		
art V	Supplemental Information	1	-			
	Complete this part to provide addi	tional information for responses to question	ons on Schedule L (see	instructions).		
HEI	OULE L, PART II, LOF	ANS TO AND FROM INTER	ESTED PERSON	<u> 15 :</u>		
<u> </u>	NAME OF PERSON: MICH	HELLE CHRISTIE				
) I	DIRPOSE OF LOANS FIN	NDS PROVIDED BY DIRECT	TOR ON FOUND	ATTON'S BEH	ΆΤ.Ε	
<u> </u>	ORPOSE OF LOAN: POP	VDS TROVIDED BY DIREC	TON ON FOUND	DATION D DEL	INDI.	
	-		<u> </u>			
						

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

132211 01-23-12

Employer identification number

NO LIMITS THEATRE GROUP, INC. 95-4603048
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION AND NATIONAL PERFORMING ARTS PROGRAM TO UNDERSEVED CHILDREN
WITH A HEARING LOSS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEARING LOSS WHO ARE LEARNING TO SPEAK.
FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBER NUGENT VITALLO IS THE
FATHER OF MICHELLE CHRISTIE-ADAMS.
FORM 990, PART VI, SECTION B, LINE 11: COPY OF THE FORM 990 IS PROVIDED TO
BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR, MICHELLE CHRISTIE-ADAMS FOR
REVIEW AND APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND
CONSISTENTLY MONITORS CONFLICTS OF INTEREST AND TAKES ACTION WHEN
NECESSARY.
FORM 990, PART VI, SECTION B, LINE 15: FOUNDATION HAS A FORMAL REVIEW AND
APPROVAL PROCESS FOR DETERMINING MANAGEMENT AND OFFICERS SALARIES AND ALL
AMOUNTS ARE APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION.
FORM 990, PART VI, SECTION C, LINE 19: THE CORPORATION MAKES THEIR
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL
INFORMATION AVAILABLE TO THE PUBLIC VIA THEIR FOUNDATION HEADQUARTERS AS
WELL AS THROUGH THE GUIDESTAR.ORG WEBSITE.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization NO LIMITS THEATRE GROUP, INC.	Employer identification number 95-4603048
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL	EXPENSES:
PROGRAM MANAGER:	
PROGRAM SERVICE EXPENSES	9,567.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	. 0.
TOTAL EXPENSES	9,567.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,618.
FUNDRAISING EXPENSES	2,500.
TOTAL EXPENSES	9,118.
GRANT WRITER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	8,200.
TOTAL EXPENSES	8,200.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,128.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,128.
PRINTING AND REPRODUCTION:	
PROGRAM SERVICE EXPENSES	4,968.
132212 01-23-12 31	Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2
NO LIMITS THEATRE GROUP, INC.	Employer identification number 95-4603048
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,968.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,374.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,374.
INSURANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,945.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,945.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	2,049.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,049.
POSTAGE AND DELIVERY:	
PROGRAM SERVICE EXPENSES	2.005
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	0.005
The second secon	2,000.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization NO LIMITS THEATRE GROUP, INC.	Employer identification number 95-4603048
Cheedy dryman dynny the	
DDOCDAM CEDUTCE EVDENCEC	1,226.
MANAGEMENT AND GENERAL EXPENSES	0.
EINIDDATCING EVDENGEG	0.
TOTAL EXPENSES	1 226
AUDIO/VISUAL:	
PROGRAM SERVICE EXPENSES	1,014.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,014.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	602.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	602.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0,
FUNDRAISING EXPENSES	123.
TOTAL EXPENSES	123.
WEBSITE:	
PROGRAM SERVICE EXPENSES	115.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 132212 101-23-12	0 . Schedule O (Form 990 or 990-EZ) (2011)

Schedule () (Form 990	or 990-E2	<u>2) (2011)</u>										<u> </u>	age 2
Name of th	e organizati		LIM	ITS	THEA!	rre g	ROUP,	INC	•	-		Employer i 95-4	dentification nui	mber
TOTAL	EXPEN	SES											1	<u> 15.</u>
TOTAL	OTHER	EXPE	NSES	ON	FORM	990,	PART	IX,	LINE	24E,	COL	Α	52,4	34.
			<u>-</u> .						 .					
		-						-			_			
								-						
					-	-	-							
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	_		<u></u>											
				_						_				
				· -										
														

					OKM 9	Description			
Asset Number	Date	Method/	Lıfe	Line	Γ	Cost or	Basis	Accumulated	Current year
	placed in service	IRC sec.	or rate	No.		her basis	reduction	depreciation/amortization	Current year deduction
	PROGRAM	SERVI	CES					•	
14	COMPUTE	R EQUI	PMENT						
		9 200DB		17		10,591.	5,296	2,753.	1,017.
15	COMPUTED 07011	R AND 0200DB		17	OIPME	NT 4,778.		956.	1,529.
16	COMPUTE				UIPME		 	<u> </u>	1,323.
	07,01,1	1200DB		19B		7,886.			1,577.
	* 990 P	AGE 10	TOTA	L P	ROGRA	M SERVIC			
						23,255.	5,296	3,709.	4,123.
	MANAGEM	ENT AN	D GEN	IERA	L	-			
	COMPLIENT			<u></u>	<u>l</u>			1	
1	COMPUTE: 1 0 1 1 1 9		5 00	17	Γ .	700.		700.	0.
	COMPUTE		5.00	<u> 1 / </u>	<u> </u>	700.		700.	<u> </u>
2		0200DB	5.00	17		860.		652.	0.
3	COMPUTE			<u>, </u>	<u> </u>	0001		0021	<u> </u>
		1200DB	5.00	17		2,381.		2,381.	0.
4	A/V EQU								
		1200DB		17		9,390.		9,390.	0.
5	A/V EQU			la =	ı	1 000		1 4401	
		0200DB	5.00	17		1,800.		1,440.	0.
6	COMPUTE	R 9200DB	E 00	17	<u> </u>	1,240.		595.	0.
	COMPUTE		5.00	11 /		1,440.	•	393.	<u> </u>
,		2200DB	5.00	17	<u> </u>	2,885.		2,885.	0.
8	A/V EQU			<u> / </u>	L	2,000.	· · · · · · · · · · · · · · · · · · ·	2,003.	
		2200DB		17		2,941.		2,941.	0.
9	LEASEHO				S				
		2 200DB		17	l,	6,073.		6,073.	0.
10	FURNITU			T	NT				
4.1		3200DB		17		6,918.		6,918.	0.
11	A/V EQU:			17		2,503.		2,503.	
1 2	FURNITUI				<u> </u>	4,503.		2,503.	0.
12		4200DB				2,622.		2,505.	117.
13	FURNITU					2,022.		2,3034	
	07,01,0					5,350.		4,634.	478.
	* 990 P	AGE 10	TOTA	L M	ANAGE	MENT AND	GENERAL		
						45,663.	0.	43,617.	595.
	* GRAND	TOTAL	990	PAG	E 10			T .=	
						68,918.	5,296	47,326.	4,718.
		1		Ţ	T				
				!	1			<u> </u>	
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				1	<u> </u>				
		<u> </u>	-		<u> </u>			· · ·	
116261 05-01-11		•		#	- Current	year section 179	(D) · Asset dispo	osed	

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

► See separate instructions.

Business or activity to which this form relates

Identifying number

	LIMITS THEATRE GROU					PAGE 10		95-4603048
<u>Pa</u>	rt Election To Expense Certain Proper	ty Under Section 1	79 Note: If you h	have any lis	ted property	, complete Part	V before y	
1 1	Maximum amount (see instructions)						1	500,000.
2 7	Total cost of section 179 property place	ed in service (see	instructions)				. 2	
3 7	Threshold cost of section 179 property	before reduction	ın lımıtation				3	2,000,000.
4 F	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter (0-			4	
5 [Pollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing s	separately, see	instructions		5	
6	(a) Description of pro	perty		(b) Cost (busini	ess use only)	(c) Electe	d cost	
								
7 1	isted property. Enter the amount from	line 29			7			
8 7	Total elected cost of section 179 prope	rty. Add amounts	s in column (c), l	lines 6 and	7		8	
9 1	Fentative deduction. Enter the smaller	of line 5 or line 8	, , ,				9	
10 (Carryover of disallowed deduction from	line 13 of your 2	010 Form 4562				10	
	Business income limitation. Enter the sr	•			o) or line 5		11	
	Section 179 expense deduction Add lir		•		•		12	
	Carryover of disallowed deduction to 20	•			▶ 13			
	: Do not use Part II or Part III below for							•
Pa	rt II Special Depreciation Allowar	nce and Other D	epreciation (De	o not includ	de listed pro	perty.)		
14 5	Special depreciation allowance for quali							
	he tax year		тот и тот потого р	оролу, р		g	14	
	Property subject to section 168(f)(1) ele-	ction					15	
	Other depreciation (including ACRS)	01.011			•		16	
	rt III MACRS Depreciation (Do not	t include listed pi	operty.) (See in	structions.				
	turio lo Doprociation (Do no		Secti					
17 N	MACRS deductions for assets placed in	service in tax ve	ears beginning b	nefore 2011			17	3,141.
	you are electing to group any assets placed in servi	•	• •			. ▶□	¬ ├ "	3,141.
10 11	Section B - Assets						ation Syste	<u> </u>
		(b) Month and	(c) Basis for de	preciation	(d) Recover			····
	(a) Classification of property	year placed in service	(business/inves only - see inst		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		-					
b	5-year property	1	7	7,886.	5 YRS	. HY	200DB	1,577.
	7-year property	1	'	,000.	J IND	•	20000	1,311.
_ _d	10-year property	1						
	15-year property							· · · · · · · · · · · · · · · · · · ·
e_	20-year property	_						
<u> </u>	25-year property	-			25 yrs.		S/L	
9_	20-year property	,			27.5 yrs.	. MM	S/L	
h	Residential rental property	/		-	27.5 yrs.		S/L	
		 	-	<u> </u>				
i	Nonresidential real property	/			39 yrs	MM	S/L	
	Section C - Assets P	loood in Coming	During 2011 T	'av Vaar III	ing the Alte	MM Doors	S/L	<u> </u>
		aced in Service	During 2011 1	ax rear Us	ang the Atte	ernative Depre		stem
<u>20a</u>	Class life	-					S/L	
<u> </u>	12-year	 			12 yrs.		S/L	
C C	40-year	/	L		40 yrs.	MM	S/L	
$\overline{}$	rt IV Summary (See instructions)							
	isted property. Enter amount from line						21	
	Fotal. Add amounts from line 12, lines 1	=		_				4 54 6
	Enter here and on the appropriate lines	•	•	=	ions - <u>see in</u>	str	22	4,718.
	For assets shown above and placed in	-	e current year, e	enter the				
11625	portion of the basis attributable to secti				23			
	1 LUA For Denominary Deduction	And Blading and	congrate inch					Form 4562 (2011)

30	Total business/investment miles driven during the	Veh	icle	Veh	ıcle	Veh	ıcle	Veh	icle	Veh	icle	Veh	ıcle
	year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
_	driven										_		
33	Total miles driven during the year Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement the	at prohibits all	personal use of vehicles,	, including commuting	g, by your	Yes	No				
	employees?										
38	8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your										
	employees? See the instructions for vehicles	used by corpo	rate officers, directors, o	r 1% or more owners							
39	9 Do you treat all use of vehicles by employees as personal use?										
40	Do you provide more than five vehicles to you	ır employees, d	obtain information from y	our employees about							
	the use of the vehicles, and retain the informa	ation received?	,								
41	Do you meet the requirements concerning qu	alified automo	bile demonstration use?								
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do not	complete Section B for t	he covered vehicles							
P	Part VI Amortization										
	(a)	(b)	(c)	(d)	(e)	(f)					

	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your	2011 tax yea	r:			_
43	Amortization of costs that began before your	2011 tax year	<u> </u>		43	-
	Total. Add amounts in column (f) See the inst	44				

116252 11-18-11

Form 4562 (2011)

Form 8868	8 (Rev 1·2012)					Page 2			
	re filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		<u> </u>			
	y complete Part II if you have already been granted an a				8868.				
	re filing for an Automatic 3-Month Extension, complet				_	_			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).			
			Enter filer's	identifyir	g number,	see instructions			
Type or	Name of exempt organization or other filer, see instru-	ctions				n number (EIN) or			
print									
File by the NO LIMITS THEATRE GROUP, INC. X 95-46030									
due date for Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SS)									
filing your return See	9801 WASHINGTON BLVD. SUITE	300B			•	_			
instructions	City, town or post office, state, and ZIP code. For a fo		ress, see instructions.						
ļ	CULVER CITY, CA 90230					_			
					_				
Enter the f	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
			,						
Application	on	Return	Application			Return			
ls For	· ·	Code	Is For			Code			
Form 990		01							
Form 990-	BL	02	Form 1041-A			08			
Form 990-	EZ	01	Form 4720			09			
Form 990-	PF	04	Form 5227						
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
	T (trust other than above)	06	Form 8870			12			
	not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 886	8.			
Telepho If the on If this is box ▶ I req For 6 If this T Stat AD	MICHELLE CHRIST oks are in the care of ▶ 9801 WASHINGTON one No. ▶ (310) 280-0878 rganization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ quest an additional 3-month extension of time until calendar year 2011, or other tax year beginning e tax year entered in line 5 is for less than 12 months, of the group check in detail why you need the extension DITIONAL TIME IS REQUIRED TO MPLETE AND ACCURATE RETURN	N BLVI s in the Ur Group Exe and atta NOVEM heck reas	FAX No. ▶ 310-280-08' nited States, check this box emption Number (GEN) If inch a list with the names and EINs of BER 15, 2012, and ending on Initial return	78 this is fo all memb	r the whole gers the exten	proup, check this nsion is for			
8a If the	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
<u>no</u> ni	refundable credits See instructions.		-	8a	\$	0.			
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated						
taxı	payments made Include any prior year overpayment all								
	viously with Form 8868.			8b	\$	0.			
	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using		·				
EFT	PS (Electronic Federal Tax Payment System). See instru	uctions		8c	\$	0.			
	Signature and Verificat	ion mus	st be completed for Part II o	nly.					
Under pena it is true, co	alties of perjury, I declare that I have examined this form, includ prrect, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	the best o	f my knowled	ge and belief,			
Signature	► Title ► 1	EXECU	TIVE DIRECTOR/FOUN	DER Date	•				
Signature	1100					2000 (Pay 1 2012)			

Form 8868 (Rev. 1-2012)

1 44 4