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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
THE CIRCUS ARTS CONSERVATORY INC
(FORMERLY CIRCUS SARASOTA INC)
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2075 BAHIA VISTA
City or town, state or province, country, and ZIP or foreign postal code
SARASOTA, FL 34239

D Employer identification number
65-0786312

E Telephone number
(941) 355-9335

G Gross receipts \$ 3,153,237

F Name and address of principal officer
PEDRO REIS
2075 BAHIA VISTA STREET
SARASOTA, FL 34239

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW.CIRCUSSARASOTA.ORG/

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1997

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE CIRCUS ARTS CONSERVATORY IS TO ENGAGE AND EDUCATE CHILDREN USING UNIQUE AND INNOVATIVE LEARNING PROGRAMS, TO MEASURABLY IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS IN CARE FACILITIES, AND TO ADVANCE THE EXTRAORDINARY LEGACY AND HERITAGE OF THE CIRCUS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	56
6 Total number of volunteers (estimate if necessary)	6	450
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-6,228
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-6,228

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	987,356	515,911
9 Program service revenue (Part VIII, line 2g)	2,430,859	2,322,107
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,201	-43,910
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,709	-47,579
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,457,125	2,746,529

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,000	12,800
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,179,583	1,260,357
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 223,740		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,588,518	1,564,010
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,775,101	2,837,167
19 Revenue less expenses Subtract line 18 from line 12	682,024	-90,638

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,072,362	4,828,855
21 Total liabilities (Part X, line 26)	214,490	204,584
22 Net assets or fund balances Subtract line 21 from line 20	4,857,872	4,624,271

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: [Signature] Date: 2016-11-29
PEDRO REIS CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MICHAEL R PENDER Preparer's signature: MICHAEL R PENDER Date: 2016-11-28 Check if self-employed PTIN: P00850742
Firm's name: ▶ CAVANAUGH & CO LLP Firm's EIN: ▶ 59-1954606
Firm's address: ▶ 2381 FRUITVILLE ROAD SARASOTA, FL 34237 Phone no: (941) 366-2983

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,441,404 including grants of \$ 12,800) (Revenue \$ 2,240,338)

PERFORMANCE THROUGH PROFESSIONAL PRODUCTIONS, CAC CONTINUES TO ELEVATE THE ART OF CIRCUS, SHOWCASING WORLD-CLASS PERFORMERS AND ATHLETES OVER 1 MILLION PEOPLE HAVE ATTENDED A CAC PERFORMANCE IN A MOBILE, EUROPEAN STYLE BIG TOP TENT AND AT OFF-SITE THEATER SHOWS TRAINING AT 67 YEARS OLD, THE SAILOR CIRCUS ACADEMY IS AMERICA'S LONGEST RUNNING YOUTH CIRCUS MORE THAN 1 MILLION SPECTATORS HAVE SEEN ITS BI-ANNUAL PERFORMANCES, RANKED #2 ON TRIP ADVISOR/SARASOTA CAC'S TRAINING PROGRAMS IMPACT AREA YOUTH ENCOURAGING THE DEVELOPMENT OF THEIR CHARACTER AND LIFE MANAGEMENT SKILLS THROUGH THE CIRCUS ARTS SAILOR CIRCUS BOASTS OVER 10,000 GRADUATES IN AFTER SCHOOL PROGRAMS AND 6,000+ HAVE ATTENDED SUMMER CAMP AND CLASSES OUTREACH OUR ONE-OF-A-KIND STEAM BASED EDUCATION PROGRAM TAKES LEARNING IN THE CLASSROOM TO A NEW LEVEL AND HAS SERVED MORE THAN 12,000 STUDENTS THE LAST 3 YEARS THROUGH HANDS-ON EDUCATION IN KEY ACADEMIC SUBJECTS LIKE SCIENCE, LANGUAGE ARTS AND THEATER, THIS PROGRAM IMPROVES RETENTION RATES AND TEST OUTCOMES FOR SCORES OF STUDENTS THE HUMOR THERAPY PROGRAM HAS WORKED WITH OVER 65 LOCAL AGENCIES BRINGING JOYFUL HUMAN SERVICE INTERACTION TO MORE THAN 250,000 PEOPLE IN HOSPITALS, NURSING HOMES AND CARE FACILITIES MEDICAL STUDIES CONSISTENTLY DEMONSTRATE THAT LAUGHTER REDUCES STRESS, EASES ANXIETY AND DEPRESSION, DECREASES PAIN PERCEPTION AND HAS A POSITIVE, LONG LASTING EFFECT ON THE BODY'S IMMUNE SYSTEM, HEART AND BRAIN THIS SPECIALLY DESIGNED PROGRAM HELPS TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS, FAMILIES AND STAFF LEGACY IN THE LATE 1920'S, JOHN RINGLING MOVED HIS CIRCUS WINTER QUARTERS TO SARASOTA AND THE CIRCUS BECAME AN INTEGRAL PART OF SOCIAL AND ECONOMIC LIFE GIVING OUR COMMUNITY ITS UNIQUE IDENTITY THE CAC WAS BORN FROM DECADES OF SARASOTA CIRCUS HISTORY AND WILL CONTINUE TO PRESERVE AND PROMOTE THIS LEGACY FLORIDA'S SECRETARY OF STATE KURT S BROWNING RECOGNIZED THE ACCOMPLISHMENTS OF DOLLY JACOBS, CO-FOUNDER OF CAC AT THE FLORIDA HERITAGE AWARDS WHERE DOLLY WAS THE RECIPIENT OF THE PRESTIGIOUS 2012 FLORIDA FOLK HERITAGE AWARD THE FLORIDA DEPARTMENT OF STATE PRESENTS FOLK HERITAGE AWARDS ANNUALLY TO CITIZENS WHOSE LIFELONG DEVOTION TO FOLK-LIFE HAS ENRICHED THE STATE'S CULTURAL LEGACY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,441,404

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, tax-exempt bond issues, and Section 501(c)(3) organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (8); 1b Enter the number of voting members included in line 1a, above, who are independent (7); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (PEDRO REIS CEO 2075 BAHIA VISTA STREET SARASOTA, FL 34239 (941) 355-9335).

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK DEAN DIRECTOR/2ND VICE CHAIR	1 00	X		X			0	0	0	
(2) MITCHELL MCKNIGHT PRESIDENT AND CHAIR	5 00	X		X			0	0	0	
(3) PEDRO REIS CEO	40 00	X		X			134,425	0	0	
(4) KATHERINE SALVATORI DIRECTOR	1 00	X					0	0	0	
(5) LINDA CARSON DIRECTOR	1 00	X					0	0	0	
(6) COLLEEN THAYER DIRECTOR	1 00	X					0	0	0	
(7) DEBORAH WALK SECRETARY	1 00	X		X			0	0	0	
(8) LARRY FRACZAK DIRECTOR	1 00	X					0	0	0	
(9) GEORGE AUGUSTIN DIRECTOR	1 00	X					0	0	0	
(10) JACK BROWN 1ST VICE PRESIDENT	1 00	X		X			0	0	0	
(11) BRUCE MANTIA TREASURER	5 00	X		X			0	0	0	
(12) BARTON LOWTHER DIRECTOR	1 00	X					0	0	0	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c 41,160					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 474,751					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		515,911			
Program Service Revenue	2a PERFORMING INCOME _____ Business Code 711190	1,717,616	1,717,616			
	b EDUCATION _____ Business Code 900099	331,655	331,655			
	c CONCESSION INCOME _____ Business Code 900099	222,396	222,396			
	d PARKING FEES _____ Business Code 900099	50,440	50,440			
	e _____ Business Code _____					
	f All other program service revenue _____ Business Code _____					
	g Total. Add lines 2a-2f ▶		2,322,107			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	17,873			17,873	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal	75,588			
		b Less rental expenses		81,816		
		c Rental income or (loss)		-6,228		
	d Net rental income or (loss) ▶		-6,228		-6,228	
	7a Gross amount from sales of assets other than inventory	(i) Securities	20,356			
		(ii) Other		6,500		
		b Less cost or other basis and sales expenses	0		88,639	
		c Gain or (loss)	20,356		-82,139	
	d Net gain or (loss) ▶		-61,783	-82,139		20,356
	8a Gross income from fundraising events (not including \$ 41,160 of contributions reported on line 1c) See Part IV, line 18	a	194,532			
		b Less direct expenses b	236,253			
		c Net income or (loss) from fundraising events ▶		-41,721		-41,721
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS REVENUE _____ Business Code 900099	370	370				
b _____ Business Code _____						
c _____ Business Code _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		370				
12 Total revenue. See Instructions ▶		2,746,529	2,240,338	-6,228	-3,492	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	12,800	12,800		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	134,425	110,498	4,302	19,625
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	976,955	803,057	31,262	142,636
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,671	10,513	51,158	
10	Payroll taxes	87,306	71,765	2,794	12,747
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,239	11,126	5,836	1,277
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,283		4,283	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	294,767	294,767		
12	Advertising and promotion	360,789	327,336	17,639	15,814
13	Office expenses	99,612	59,966	32,175	7,471
14	Information technology				
15	Royalties				
16	Occupancy	56,411	56,411		
17	Travel	71,278	71,278		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,079	19,079		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,798	73,224	22,574	
23	Insurance	111,571	111,571		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONCESSION EXP	184,046	184,046		
b	EQUIPMENT & COSTUME EX	129,922	129,922		
c	EDUCATION AND OUTREACH	36,904	36,904		
d	DEVELOPMENT	24,170			24,170
e	All other expenses	57,141	57,141		
25	Total functional expenses. Add lines 1 through 24e	2,837,167	2,441,404	172,023	223,740
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,681	1	145,102
	2 Savings and temporary cash investments	1,179,325	2	1,089,232
	3 Pledges and grants receivable, net	27,977	3	7,177
	4 Accounts receivable, net	9,294	4	13,040
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,819	8	9,957
	9 Prepaid expenses and deferred charges	138,873	9	90,957
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 1,456,861		
	b Less accumulated depreciation	10b 727,302	847,454	10c 729,559
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	703,680	12	681,489
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,149,259	15	2,062,342
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,072,362	16	4,828,855	
Liabilities	17 Accounts payable and accrued expenses	93,580	17	79,684
	18 Grants payable		18	
	19 Deferred revenue	120,910	19	124,900
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	214,490	26	204,584
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,637,552	27	2,510,123
	28 Temporarily restricted net assets	2,220,320	28	2,114,148
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,857,872	33	4,624,271	
34 Total liabilities and net assets/fund balances	5,072,362	34	4,828,855	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,746,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,837,167
3	Revenue less expenses Subtract line 2 from line 1	3	-90,638
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,857,872
5	Net unrealized gains (losses) on investments	5	-43,950
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-99,013
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,624,271

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990 or 990EZ)**

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 THE CIRCUS ARTS CONSERVATORY INC
 (FORMERLY CIRCUS SARASOTA INC)

Employer identification number
 65-0786312

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2014 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.35	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CIRCUS ARTS CONSERVATORY INC
(FORMERLY CIRCUS SARASOTA INC)

Employer identification number
65-0786312

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
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 year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	503,878	500,000			
b Contributions					
c Net investment earnings, gains, and losses	-8,755	3,878			
d Grants or scholarships					
e Other expenditures for facilities and programs	7,096				
f Administrative expenses					
g End of year balance	488,027	503,878			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,347,206	721,604	625,602
e Other		109,655	5,698	103,957
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				729,559

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,411,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-43,950	
b	Donated services and use of facilities	2b	308,818	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	318,069	
e	Add lines 2a through 2d			2e 582,937
3	Subtract line 2e from line 1			3 2,828,668
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-82,139	
c	Add lines 4a and 4b			4c -82,139
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 2,746,529

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,645,206
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	308,818	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	499,221	
e	Add lines 2a through 2d			2e 808,039
3	Subtract line 2e from line 1			3 2,837,167
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 2,837,167

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2016 THERE WAS NO INCOME TAX EXPENSE FROM THESE ACTIVITIES IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016 THE ORGANIZATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN (LOSS) ON SALE OF ASSETS -82,139
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 81,816 SPECIAL EVENT EXPENSES 236,253 LEASE EXPENSE 99,013 GAIN (LOSS) ON SALE OF ASSETS 82,139

**SCHEDULE E
(Form 990 or
990-EZ)**

Schools

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization THE CIRCUS ARTS CONSERVATORY INC (FORMERLY CIRCUS SARASOTA INC)	Employer identification number 65-0786312
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Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
1	Yes	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	Yes	
----------	-----	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.

3	Yes	
----------	-----	--

4 Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a	Yes	
-----------	-----	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		No
-----------	--	----

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.

7	Yes	
----------	-----	--

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 6	THE ORGANIZATION RECEIVED GRANTS FROM THE FOLLOWING -FLORIDA DIVISION OF CULTURAL AFFAIRS IN THE AMOUNT OF \$70,911 -BOARD OF COUNTY COMMISSIONERS-SARASOTA IN THE AMOUNT OF \$98,080 - MANATEE COUNTY IN THE AMOUNT OF \$5,000

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CIRCUS ARTS CONSERVATORY INC
(FORMERLY CIRCUS SARASOTA INC)

Employer identification number

65-0786312

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	162,390	29,572	43,730	235,692
	2 Less Contributions	37,070	4,090		41,160
	3 Gross income (line 1 minus line 2)	125,320	25,482	43,730	194,532
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	90,138	20,402	125,713	236,253
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				236,253
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-41,721

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in

a	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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE CIRCUS ARTS CONSERVATORY INC (FORMERLY CIRCUS SARASOTA INC)

Employer identification number

65-0786312

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	13	12,800			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PEDRO REISDOLLY JACOBS REIS	HUSBAND AND WIFE	76,422	EMPLOYEE - DOLLY JACOBS REIS WAS PAID AS AN EMPLOYEE FOR PERFORMING IN SHOWS AND PUBLIC RELATIONS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

2015

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CIRCUS ARTS CONSERVATORY INC
(FORMERLY CIRCUS SARASOTA INC)

Employer identification number

65-0786312

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>CAC'S EXTRAORDINARY MISSION UNDERSCORES ITS COMMITMENT TO SHARING THE ENTERTAINMENT, EDUCATION AND ENRICHMENT THAT CIRCUS ARTS PROVIDE. THE CAC AIMS TO PRESERVE AND EXPAND THE EXTRAORDINARY 90+ YEAR HERITAGE AND CULTURE OF THE CIRCUS IN SARASOTA. STARTED BY JOHN RINGLING IN 1927, COMMITTED TO RAISING THE PERCEPTION OF THE CIRCUS AS THE VALUABLE ART FORM IT REPRESENTS, CAC IS MUCH MORE THAN A CIRCUS. CAC'S VISION AND CURRENT PROGRAMMING SUPPORT THE REGION'S GROWING REPUTATION AS A LEADING CULTURAL, ATHLETIC AND SPORTS DESTINATION. CAC OPERATES PRODUCING PERFORMANCES, EVENTS, YOUTH TRAINING, AND COMMUNITY OUTREACH PROGRAMS THAT SERVE CHILDREN, THE ELDERLY AND THOSE IN CARE FACILITIES AND SCHOOLS. IT REMAINS EQUALLY IMPORTANT TO CAC TO PRESERVE SARASOTA'S UNIQUE CIRCUS LEGACY THROUGH EDUCATION, HUMAN SERVICE AND THE PERFORMING ARTS. THE MISSION OF THE CIRCUS ARTS CONSERVATORY IS TO ENGAGE AND EDUCATE CHILDREN USING UNIQUE AND INNOVATIVE LEARNING PROGRAMS, TO MEASURABLY IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS IN CARE FACILITIES, AND TO ADVANCE THE EXTRAORDINARY LEGACY AND HERITAGE OF THE CIRCUS. THE ORGANIZATION'S CORE SERVICE LINES INCLUDE PERFORMANCE. EACH YEAR CIRCUS SARASOTA PRESENTS A MULTITUDE OF CIRCUS PRODUCTIONS THAT EXPAND ALL CREATIVE BARRIERS AND BRING THE BEST IN CIRCUS ARTS TO SOUTHWEST FLORIDA. THESE PROFESSIONAL PERFORMANCES HAVE BEEN ACCLAIMED AROUND THE GLOBE FOR WORLD-CLASS ARTISTRY, WHETHER SHOWCASED IN A ONE-RING, EUROPEAN-STYLE BIG TOP, THE UNIQUE SAILOR CIRCUS ARENA OR AN INTIMATE HISTORIC THEATER. CAC IS A GENEROUS COMMUNITY PARTNER WITH OTHER ORGANIZATIONS, DONATING IN EXCESS OF 5,000 TICKETS TO LOCAL NON-PROFITS ANNUALLY. FOR ALMOST TWO DECADES, CIRCUS SARASOTA'S WINTER SHOW FEATURING AN INTERNATIONAL ALL-STAR LINEUP OF CIRCUS ACTS UNDER THE BIG TOP HAS AWED AUDIENCES IN SOUTHWEST FLORIDA. TRAINING SAILOR CIRCUS ACADEMY IS AN AFTER-SCHOOL TRAINING PROGRAM FOR STUDENTS AGED 8-18. ORIGINATING IN 1949 AS A SMALL HIGH SCHOOL GYMNASTICS CLASS, SAILOR CIRCUS HAS GROWN INTO A SPECTACULAR, YOUTH TRAINING PROGRAM SERVING STUDENTS IN 4TH TO 12TH GRADES. THROUGH THIS RIGOROUS, INTERDISCIPLINARY AND ATHLETIC PERFORMING ARTS PROGRAM, STUDENTS DEVELOP LIFE MANAGEMENT SKILLS, GAIN SELF-DISCIPLINE AND BOLSTER CONFIDENCE, ALL WHILE LEARNING THE CIRCUS ARTS. FOR ALMOST SEVEN DECADES, THOUSANDS OF STUDENTS HAVE COMPLETED THE SAILOR CIRCUS PROGRAM. STUDENTS TRAIN MANY HOURS PER WEEK WITH DEDICATED COACHES AND VOLUNTEERS TO CREATE PERFORMANCES THAT HAVE BECOME A MAJOR TOURIST ATTRACTION IN THE SOUTHWEST FLORIDA REGION. SAILOR CIRCUS IS KNOWN WORLDWIDE AS "THE GREATEST "LITTLE" SHOW ON EARTH" WITH MORE THAN ONE MILLION SPECTATORS ATTENDING PERFORMANCES OF AMERICA'S OLDEST YOUTH CIRCUS. SAILOR CIRCUS ACADEMY STUDENTS ARE RECOGNIZED AS FUTURE LEADERS AND MAJOR CONTRIBUTORS TO THE CIRCUS LEGACY IN SARASOTA AND BEYOND. OUTREACH THE HUMOR THERAPY PROGRAM BRINGS JOY, MEMORY STIMULATION AND ENTERTAINMENT INTO NURSING HOMES AND CARE FACILITIES TO IMPACT LIVES AND IMPROVE THE QUALITY OF LIFE FOR EVERYONE INVOLVED INCLUDING THOSE WITH DEMENTIA AND ALZHEIMER'S DISEASE. SENIORS, PATIENTS, THEIR FAMILIES AND STAFF ALL ENJOY THE TALENTS OF PROFESSIONAL CLOWNS AND ENTERTAINERS. THE AGE-OLD ART OF CLOWNING SETS THE STATE FOR THERAPEUTIC INTERACTION THAT REACHES FAR BEYOND SIMPLE ENTERTAINMENT TO FOSTER MEANINGFUL RELATIONSHIPS WITH THOSE IN NEED. FROM THE ONE-ON-ONE BEDSIDE VISITATION AND CONVERSATIONS, TO MEMORY STIMULATION AND PHYSICAL ACTIVITIES, THE HUMOR THERAPY PROGRAM ENHANCES THE LIVES OF ALL ITS PARTICIPANTS. MEDICAL STUDIES CONSISTENTLY DEMONSTRATE THAT LAUGHTER REDUCES STRESS, EASES ANXIETY AND DEPRESSION, DECREASES PAIN PERCEPTION AND HAS A POSITIVE, LASTING EFFECT ON THE BODY'S IMMUNE SYSTEM, HEART AND BRAIN. CAC'S ONE-OF-A-KIND EDUCATION PROGRAM TAKES LEARNING IN THE CLASSROOM TO A NEW LEVEL. OUR TEACHING ARTISTS ENGAGE STUDENTS IN KEY ACADEMIC SUBJECTS LIKE SCIENCE, LANGUAGE ARTS AND THEATER. THESE INQUIRY BASED LESSONS ARE DEVELOPED TO COMPLY WITH THE NEW FLORIDA STATE STANDARDS. SINCE 2012, WE HAVE INSTRUCTED MORE THAN 12,000 STUDENTS IN 40 ELEMENTARY AND MIDDLE SCHOOLS. CAC PROVIDES ALL STUDENTS WITH A SAFE LEARNING ENVIRONMENT THAT ENCOURAGES CREATIVITY AND INTRODUCES STUDENTS OF ALL LEARNING LEVELS AND LEARNING STYLES TO THE CIRCUS ARTS AND SCIENCES. THIS HELPS STUDENTS RECOGNIZE THE IMPORTANCE OF SCIENCE, TECHNOLOGY AND MATHEMATICS PROVIDING ALL STUDENTS WITH A KINESTHETIC INTERDISCIPLINARY LEARNING EXPERIENCE. CAC FOLLOWS THE KENNEDY CENTER ARTS INTEGRATION PROTOCOL BECAUSE IT IS KNOWN THAT "WHEN STUDENTS LEARN THROUGH ARTS INTEGRATION, THEY ARE ENGAGED IN EXPERIENCES IN WHICH THEY ACTIVELY BUILD AND DEMONSTRATE THEIR UNDERSTANDING OF BOTH THE ART FORM AND THE OTHER CURRICULUM AREA." LEGACY IN NOVEMBER, 1927, JOHN RINGLING MOVED HIS CIRCUS HEADQUARTERS FROM BRIDGEPORT, CONNECTICUT TO SARASOTA COUNTY, FLORIDA - THE CIRCUS TRAIN ROLLED INTO TOWN AS IT WOULD FOR THE NEXT 33 YEARS, LEADING TO THE CREATION OF THE VIBRANT CITY THAT SARASOTA IS TODAY. OVER THE YEARS THE RESIDENTS OF SARASOTA HAVE EMBRACED THE CIRCUS COMMUNITY AND FOUND WAYS TO HONOR IT. INITIATED IN 1970 BY THE RINGLING MUSEUM, THE CIRCUS CELEBRITY AWARD HONORS THOSE WHOSE PERFORMANCES REPRESENT THE HIGHEST ACHIEVEMENTS IN SKILL, DARING, AND SHOWMANSHIP. THE CIRCUS "RING OF FAME" WAS CREATED IN 1987 TO RECOGNIZE PERSONS WHO HAVE MADE A SIGNIFICANT CONTRIBUTION TO THE ART AND CULTURE OF THE CIRCUS. THE RING OF FAME GRACES A PARK AT ST. ARMAND'S CIRCLE IN SARASOTA. PEDRO REIS AND DOLLY JACOB-REIS HAVE RECEIVED BOTH PRESTIGIOUS AWARDS. AFTER AN ABSENCE OF MANY YEARS, TODAY SARASOTA CLAIMS ITS OWN PROFESSIONAL RESIDENT CIRCUS, CIRCUS SARASOTA. STEWARDING SAILOR CIRCUS UNDER THE CAC UMBRELLA, BOTH WORK SIDE BY SIDE PROMOTING THE CULTURAL LEGACY OF THIS REGION AS THE PRESENT AND FUTURE OF THE CIRCUS ARTS. THIS EFFORT WAS RECOGNIZED NATIONALLY IN 2015 WHEN THE NATIONAL ENDOWMENT FOR THE ARTS PRESENTED CAC CO-FOUNDER DOLLY JACOB-REIS THE NEA NATIONAL HERITAGE FELLOWSHIP, THE NATION'S HIGHEST AWARD IN FOLK AND TRADITIONAL ARTS. THE CIRCUS ARTS CONSERVATORY HAS BEEN RECOGNIZED TWICE BY THE SARASOTA CHAMBER OF COMMERCE IN THE SMALL BUSINESS AWARDS SECTION AS CULTURAL ORGANIZATION OF THE YEAR IN 2012 AND 2016. THE CAC EDUCATION PROGRAM WAS AWARDED THE ARTS LEADERSHIP AWARD IN 2016 BY THE SARASOTA ARTS ALLIANCE BECAUSE OF ITS INNOVATIVE CURRICULUM EXPANDING IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTH FLORIDA. THE CAC HAS A VISION TO BE RECOGNIZED AS THE NATION'S LEADING NONPROFIT ORGANIZATION PERPETUATING THE CIRCUS ARTS AS SOUTHWEST FLORIDA'S HISTORICAL LEGACY THROUGH INNOVATIVE PROGRAMMING. THROUGH EDUCATIONAL PROGRAMMING IN CLASSROOMS, ENRICHMENT IN HUMOR THERAPY AND PRESENTATION OF WORLD CLASS PERFORMANCES, CAC BELIEVES THE CIRCUS ARTS WILL BOTH REFLECT AND EXPAND THE COMMUNITY'S INTERESTS.</p>
FORM 990, PART VI, SECTION A, LINE 2	<p>PEDRO REIS AND DOLLY JACOB REIS ARE HUSBAND AND WIFE. DOLLY IS NO LONGER A BOARD MEMBER, LEAVING THIS POSITION ON DECEMBER 31, 2010. THE CIRCUS CONTRACTS WITH DOLLY AS BOTH A PERFORMER AND FOR PUBLIC RELATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	TREASURER REVIEWS 990 WITH PREPARER, THE TREASURER GIVES FINAL APPROVAL OF THE TAX RETURN AFTER REVIEW BY THE CEO REVIEW OF FINAL RETURN PROVIDED TO BOARD AT NEXT BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A GOVERNANCE COMMITTEE, ONE OF THE REQUIREMENTS IS FOR THE GOVERNANCE COMMITTEE TO MONITOR FOR CONFLICTS OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS THE CEO CANNOT VOTE ON ADOPTING THE SALARY LEVEL
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS DOCUMENTS ARE AVAILABLE BY REQUEST BY CONTACTING THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PERFORMANCE PROGRAM SERVICE EXPENSES 272,468 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 272,468 COMMISSIONS PROGRAM SERVICE EXPENSES 22,299 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,299
FORM 990, PART XI, LINE 9	LEASE EXPENSE -99,013

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR