# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2017

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2017 calenda	r year, or tax year beginning January 1 , 2017, and ending	Decembe	r 31 , <b>20</b> 17
В	Check if ap	plicable	C Name of organization D	Employer id	lentification number
	Address c	hange	Xenia Area Community Theater	4	3-2114877
$\equiv$	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address)  Room/sulte	Telephone n	umber
H	Initial retur	m n∕terminated	45 East Second Street	93	37 372 0561
N	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
=	Application		Xenia, OH 45385	Number 1	<b>&gt;</b> [
G .	Account	ing Method:	☐ Cash	eck ▶ 🗹	if the organization is not
1 1	<b>Vebs</b> ite	:► xact.c			ach Schedule B
J T	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	rm 990, 99	0-EZ, or 990-PF).
K	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 🕨 \$	}
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .		<u></u>
	1	Contributio	ons, gifts, grants, and similar amounts received	. 1	52,448
	2	Program se	ervice revenue including government fees and contracts	. 2	
	3	Membersh	ip dues and assessments	. 3	
	4	Investment	income	. 4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b	Less: cost	or other basis and sales expenses		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming an	d fundraising events		
	a	Gross inc	ome from gaming (attach Schedule G if greater than	1,40	•
Ę	1	\$15,000) .		0	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions		
ě	}		alsing events reported on line 1) (attach Schedule G if the	j: 7	
	ĺ	sum of suc	h gross income and contributions exceeds \$15,000) 6b		
	C	Less: direc	t expenses from gaming and fundraising events 6c		
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
		line 6c) .		· 6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	Other rever	nue (describe in Schedule O)	. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RFCFMED	▶ 9	52,448
	10		similar amounts paid (list in Schedule O)	. 10	750
	11	•	ild to or for members	. 11	0
es	12		ther compensation, and employee benefits $\{\Omega_{ij}^{\Omega_{ij}}, \ldots, \Omega_{ij}^{\Omega_{ij}}, \ldots, \Omega_$	. 12	14,864
SUS	13		al rees and other payments to independent contractors	. 13	255
Expenses	14		/, rent, utilities, and maintenance OGDEN, UT	. 14	16,111
Ú	15		ublications, postage, and shipping	. 15	3,008
	16		nses (describe in Schedule O)	. 16	17,057
	17	Total expe	nses. Add lines 10 through 16	<b>▶</b> 17	52,045
9	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)	. 18	403
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	ith 🗀 🖠	
As		-	r figure reported on prior year's return)	19	203,128
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	. 20	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	203,128
Fo	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421		Form <b>990-EZ</b> (2017)

Pai	t II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			13,550	22	6,125
23	Land and buildings			247,051	23	247,051
24	Other assets (describe in Schedule O)			26,023	24	20,665
25	Total assets			286,624	25	273,841
26	Total liabilities (describe in Schedule O)			83,496	26	70,713
27	Net assets or fund balances (line 27 of column			206,128	27	203,128
Par		•		, ,		_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	/D	Expenses
Wha	t is the organization's primary exempt purpose?	<del></del>	· · · · · · · · · · · · · · · · · · ·			uired for section c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orgai other	nizations, optional for s.)
28			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>		1
						į
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ □	28a	
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗀	29a	1
30						
						1
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key				struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a		Part IV		<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe		Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	0	ther compensation
		dovoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	
Llyn	McCoy	]			1	
Pres	dent	10			<u> </u>	0
Alan	King					
Vice	President	10	0		<u> </u>	0
Mike	Taint					
Trea	<del></del>	10	0		<u> </u>	0
Debr	a Zweber		1		1	
	etary	10	0		1	0
	nas Blessing IV					
Exec	utive Director	10-	2,379		기	0
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		1				

Part	, , , , , , , , , , , , , , , , , , , ,			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	
33 `	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		<b>∀</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c 36		1
37a b	Enter amount of political expenditures, direct or Indirect, as described in the Instructions   [37a]  Did the organization file Form 1120-POL for this year?	37b	3.	j
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-1	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	8 . b	200	70
39	Section 501(c)(7) organizations. Enter:	19 m. J.	. 31 *	
a b	Initiation fees and capital contributions included on line 9	, °	'n	,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1,139	<u> </u>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	1 212 10 46 67 67 1 4 6 7 7	4 \$1,25° 1	44 44 ( ) 4
в	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	###." /	<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a			72-056	i1
b	Located at ► 45 E Second St, Xenia, OH  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	45	Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country: ▶	1	-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	} ; ·	, ",	
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		<b>V</b>	N.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<del></del>	Yes	No
	completed instead of Form 990-EZ	44a	-	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>/</b>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	. 4	<b>/</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u></u>	1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 990	-EZ (2	017)			_			P	age 4
46	Did ti	ne organization engage, directly or inc ndidates for public office? If "Yes," co	directly, in political o	campaign activities	on behalf	f of or In opposi	tion 46	Yes	No
Part V		Section 501(c)(3) organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<del></del>	• 40		
		All section 501(c)(3) organizations		estions 47–49b ar	nd 52, an	d complete th	e tables f	or line	es
		50 and 51.							
		Check if the organization used School	edule O to respond	to any question i	n this Pa	rt VI	<u></u>	<del>;</del>	ㅁ
47	ו בים							Yes	No
		he organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(n) elec					1
48	Is the	organization a school as described in	section 170(b)(1)(A)(	ii)? If "Yes," comple	te Schedu	ule E	. 48		<b>√</b>
		ne organization make any transfers to	•					+	✓
		es," was the related organization a sec					. 49b		
		plete this table for the organization's f oyees) who each received more than							
	CITIPI	oyeca, who cash reserved more than		<del></del>		Health benefits,	C, Cittor IV		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	SC) benefit	utions to employee plans, and deferred compensation			
None				<del> </del>					
iyone					1				
			<del></del>						
					į				
				<del> </del>					
				ļ	l				
					İ				
51	Com	number of other employees paid ove plete this table for the organization's ,000 of compensation from the organ	s five highest comp	ensated independe	ent contra	 actors who eacl	n received	more	than
		Name and business address of each independe	······································	(b) Type of	service	(c	) Compensati	on	
None					_,				
		<del></del>	<u> </u>	<del> </del>					
				-		ì			
			<del></del>	<del> </del>					
				-					
				<del> </del>					
			<del> </del>	<u> </u>		_ <u>L</u>	·		
		number of other independent contract			.▶	<del></del>			
	comp	the organization complete Schedul pleted Schedule A	· · · · · · · ·		<u> </u>		.► ✓ Yes		No
Under pe true, com	nalties ect, an	of penjury, I declare that I have examined this red d complete. Declaration of preparer other than	eturn, including accompar officer) is based on all info	lying schedules and state formation of which prepa	ements, and rer has any k	to the best of my ki nowledge.	nowledge and	i belief,	ıt ıs
C:		1 100				<u> </u>			
Sign Here	- {	Signature of officer	<del></del>			Date /Az	2018		
пеге	- {	Mike Taint, Treasurer Type or print name and title	<del></del>			<del></del>			
D-1-1	L	Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid	. re-					Check L self-emplo	1 11		
Prepa Use C		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the preparer	shown above? See	instructions	<u> </u>	<u> </u>	► ☐ Yes		Vo_
							Form <b>99</b>	0-EZ	(2017)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ation. Inspection

Employer identification number

			Community Theater Inc.		<del></del>				14877
Pa			Reason for Public Cha						ns.
	_		ation is not a private founda		,	•	•	•	
1			church, convention of churc						119
2			school described in <b>section</b> nospital or a cooperative ho		•			• •	
3 4			nedical research organization						(iii) Enter the
4	<u> </u>	-	spital's name, city, and stat	•	onjunction with a nosj	pitai desc	andea in s		(iii). Circer the
5	г		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
			ction 170(b)(1)(A)(iv). (Com		,			J J	
6		] A f	ederal, state, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7			organization that normally			port from	a gover	nmental unit or fron	n the general public
		de	scribed in <b>section 170(b)(1</b> )	(A)(vi). (Complet	e Part II.)				
8		_	community trust described i						
9	L.	or	agricultural research organ university or a non-land-gra iversity:	ization described int college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a l ne, city, and state of	and-grant college the college or
10	<b></b>	red	organization that normally cepts from activities related pport from gross investmen quired by the organization a	to its exempt full time to its exempt full to its e	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11		] An	organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
12			organization organized and						
			one or more publicly support						
_	_		eck the box in lines 12a thro	•	• • • •		-	•	
8	L	Ц	Type I. A supporting organization						
			supporting organization. Y					the directors or trust	ees of the
ì		П	Type II. A supporting orga	•	·			supported organizati	onis) by having
_			control or management of						
			organization(s). You must						- <b>3</b>
c	;		Type III functionally integ	rated. A support	ting organization oper	rated in c	onnectio	n with, and function	ally integrated with,
			its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
C	l		Type III non-functionally						
			that is not functionally integ						d an attentiveness
		_	requirement (see instructio	•	•		-		
€	•	Ш	Check this box if the organ						e II, Type III
		Ento	functionally integrated, or in the number of supported (	* *		pporting o	organizati	ion.	<del></del>
•			ride the following information						• •
			e of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	**		• • • • • • • • • • • • • • • • • • • •	[ "	(described on lines 1-10	listed in you	ır goveming	support (see	other support (see
					above (see instructions))	Goeu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·	r		
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tótal
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	<b>WERKEN</b>	The same	APPLICATION.			
	on B. Total Support						
_	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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	, , , , , , , , , , , , , , , , , , , ,	<b>以上的"统法"</b>	1 SACA DESCRIPTIONS AND CONTRACTOR SPECIAL	AN ACCOUNTAINMENT OF ALL THE THE	AND THE STREET THE POST OF THE PARTY OF THE	WATER COMMITTEE	
12	Gross receipts from related activities, etc					12	<del></del>
13	First five years. If the Form 990 is for the organization, check this box and stop he						<b>.</b>
Conti	on C. Computation of Public Suppor			<u> </u>	<del></del>		
14	Public support pércentage for 2017 (line			1 column (ft)		14	
15	Public support percentage from 2016 Sci		•			15	% %
16a	331/s% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test—2016. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Bart VI how the organization meets the forganization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
b/	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization r supported organization	ation meets th meets the "fac 	e "facts-and-o ts-and-circum: · · · ·	circumstances' stances" test.	" test, check The organizati	this box and a on qualifies as	stop here. a publicly
/18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
<u>[//</u>	Instructions	<u> </u>	<u> </u>	· · · · ·			•

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	9,706	51,899	62,516	61,978	9,117.21	195,216.21
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	24,294		I		29,967.68	54,261.68
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	5,767	6,023	5,870		13,363.20	31,023.20
4	Tax revenues levied for the						
	organization's benefit and either paid to	ĺ	į	ļ			
	or expended on its behalf						
5	The value of services or facilities		ļ	j		ł	
	furnished by a governmental unit to the	ļ				ļ	
	organization without charge						<del></del> _
6	Total. Add lines 1 through 5	39,767	57,922	68,386	61,978	52,448.09	280,501.09
7a	Amounts included on lines 1, 2, and 3	ļ	ļ				
	received from disqualified persons .						
þ	Amounts included on lines 2 and 3	]	ì			Ì	
	received from other than disqualified	}	1		ı	I	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	[	Į			}	
_	-						
С 8	Add lines 7a and 7b	8 1 4 1 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Speling of the		1. 8 12 5 81	5 (1)	
ŭ	line 6.)					·, ·	500 504 65
Secti	on B. Total Support	<u> </u>		,			280,501.09
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	39,767	57,922	68,386	61,978	52,448.09	280,501.09
10a	Gross income from interest, dividends,				3.18.75	- 527.13.55	
	payments received on securities loans, rents,			,			
	royalties, and income from similar sources .	1	Î				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				İ		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	1	ļ	İ			
	activities not included in line 10b, whether	ļ					
	or not the business is regularly carried on						
12	Other income. Do not include gain or		į			[	
	loss from the sale of capital assets			ļ			
12	(Explain in Part VI.)	<del> </del>					
13	and 12.)	20.30-					
14	First five years. If the Form 990 is for the	39,767	57,922	68,386)	61,978	52,448.09	280,501.09
• •	organization, check this box and stop he				-		I 301(c)(3) ▶ □
Secti	on C. Computation of Public Support				<del></del>		<u> </u>
15	Public support percentage for 2017 (line			3. column (f))		15	100 %
16	Public support percentage from 2016 Sci					16	100 %
	on D. Computation of Investment In				<u>-</u> <u>-</u>		
17	Investment income percentage for 2017 (			y line 13, colun	nn (f))	17	0 %
18						18	0 %
10	Investment income percentage from 2010						
19a	331/3% support tests-2017. If the organ	ization did not	check the box				
	331/a% support tests—2017. If the organ 17 is not more than 331/a%, check this box	ization did not and stop here.	check the box The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🔽
	331/a% support tests—2017. If the organ 17 is not more than 331/a%, check this box 331/a% support tests—2016. If the organia	ization did not and <b>stop here.</b> zation did not ch	check the box The organization neck a box on I	on qualifies as a line 14 or line 1	publicly suppo 9a, and line 16	orted organizations is more than 33	on , ► ☑ 3¹/3%, and
19a	331/a% support tests—2017. If the organ 17 is not more than 331/a%, check this box	ization did not and stop here. zation did not ch box and stop he	check the box The organizationeck a box on I sere. The organization	on qualifies as a line 14 or line 1 zation qualifies	n publicly suppo 9a, and line 16 as a publicly so	orted organization is more than 33 upported organia	on . ► ☑ B¹/s%, and zation ► □

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v.	<u></u>	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a	W.	
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4Đ		
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 <b>Part VI</b> 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.	46		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		N.A.
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		Se 185%	and Day

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)		rage o
		Ye	s No
11 .	Has the organization accepted a gift or contribution from any of the following persons?	1.6	E
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	لنستسأك
h	A family member of a person described in (a) above?	116	+
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<del> </del>
	on B. Type I Supporting Organizations		
		Ye	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Ye	s No
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Ye	s No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations	······································	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see instru	ctions).
2	Activities Test. Answer (a) and (b) below.	Ye	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  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? <i>Provide details in Part VI</i> .		
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 <b>Part VI</b> the role played by the organization in this regard.	3a 3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	<u> </u>	
7 Other expenses (see Instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<del></del>
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):	影響		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	變		
factors (explain in detail in Part VI):	<b>新</b>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u> </u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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	The Charles of the Charles	
4 Enter greater of line 2 or line 3.	4	ENTER STATE OF THE	
5 Income tax imposed in prior year	5	THE WALL DOES	
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-functionall instructions).	y in	tegrated Type III supporting	organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			1
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	···		<del></del>
6	Other distributions (describe in Part VI). See instructions.	<del></del>		~ <del>~~~~</del>
7	Total annual distributions. Add lines 1 through 6.		<del></del>	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	<del>, , , , , , , , , , , , , , , , , , , </del>
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	<b>序种的证明的</b>	<b>4. 形式 2. 多点条件 4. </b>	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016		4 6 6 7 7 7 7 8 8 7 7 7 7 7 8 7 8 7 8 7 8	
	Total of lines 3a through e	A Sec. To Car 2014 Legistre, 10-20-3-38-1-40		
g	Applied to underdistributions of prior years		the totaline a supertile state to the control of a section in	
h	Applied to 2017 distributable amount			SANDARY MEDICAL AND INVESTIGATION OF THE
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Line Land S 4 . Land L is a street poster through street water		
4	Distributions for 2017 from Section D, line 7:			
a	Applied to underdistributions of prior years		No translation of American Street, or Apr. after Bases	
b	Applied to 2017 distributable amount			the entire and a love as the entire to the high a self-thinks
	Remainder. Subtract lines 4a and 4b from 4.	And the state of t		
5	Remaining underdistributions for years prior to 2017, if		I Alberta district in an illinois an alternative delivers. Alberta de anti-	
	any. Subtract lines 3g and 4a from line 2. For result		i	
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			Andrew Programme and Angres Andrews Andrews and Angres Andrews Andrews Andrews Andrews Andrews Andrews Andrews
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	The state of the s		
8	Breakdown of line 7:			
a	Excess from 2013			
— <u>-</u>	Excess from 2014	MINISTER BOOK TO THE	A LA LA CARLES TORS	
	Excess from 2015			
<del>d</del>	Excess from 2016			
	Excess from 2017	The second of th		The second secon
<u>—</u> —		see, min admission in the time property than some	THE MENT OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE	and to serve the serve of the serve of the serve

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.)
	***************************************

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

Employer identification number

Open to Public Inspection

Xenia Area Community Theater Inc.		43-2114877
01. Description of Other Expenses (Part I, Line 1	(6) Amount	
Awards and Grants - \$750 for Summer Youth Ti	heater 750 (already on Schedule A Line 10	
Business Operations Expenses	2218	
Gallery Expenses	3520	
Theater Expenses	5516	
Special Events Expenses	5313	
Travel, Meetings, Conferences	240	
Miscellany Expenses	250	
02. Category Beginning of Year	End of Year (Part II, Line 24)	
Equipment 26,023	20,665	
03. Description of Total Liabilities		
Category Beginning of Year	End of Year (Part II, Line 26)	
Pa <b>y</b> roll Liabilities 789	0	·
Building Mortgage 82,707	70,713.42	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
•	
	***************************************