

Form **990**

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

OMB No. 1545-0047

2016

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

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASOLO THEATRE INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5555 NORTH TAMiami TRAIL City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34243 F Name and address of principal officer: LARRY HASPEL SAME AS C ABOVE	D Employer identification number 59-2717909 E Telephone number 941-351-9010 G Gross receipts \$ 19,991,570. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ASOLOREP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1986		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENTERTAIN, ENGAGE AND INSPIRE THROUGH THE HIGHEST QUALITY PROFESSIONAL REPERTORY THEATRE AND 2 Check this box <input type="checkbox"/> 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 57 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 57 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 260 6 Total number of volunteers (estimate if necessary) 6 475 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 30,880. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 6,722.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">5,968,594.</td> <td style="text-align: right;">6,435,924.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">6,843,464.</td> <td style="text-align: right;">6,027,250.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">838,775.</td> <td style="text-align: right;">758,663.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">72,778.</td> <td style="text-align: right;">-139,477.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">13,723,611.</td> <td style="text-align: right;">13,082,360.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,968,594.	6,435,924.	9 Program service revenue (Part VIII, line 2g)	6,843,464.	6,027,250.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	838,775.	758,663.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,778.	-139,477.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,723,611.	13,082,360.							
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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 LARRY HASPEL, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name REBECCA U. STONER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00585910
	Firm's name ▶ KERKERING, BARBERIO & CO. Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	Firm's EIN ▶ 59-1753337 Phone no. 941-365-4617

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

1 Briefly describe the organization's mission: ENTERTAIN, ENGAGE AND INSPIRE THROUGH THE HIGHEST QUALITY PROFESSIONAL REPERTORY THEATRE AND SUPERIOR EDUCATIONAL PROGRAMS.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 5,101,866. including grants of \$) (Revenue \$ 4,644,659.) ASOLO REPERTORY'S RESIDENT SEASON CREATES A CENTER FOR THEATRICAL EXCELLENCE FOR A LOCAL, REGIONAL AND NATIONAL COMMUNITY. FROM CLASSICS TO CONTEMPORARY DRAMAS TO BROADWAY-BOUND MUSICALS AND NEWLY COMMISSIONED WORK, ALL PERFORMED IN THE RAREST FORM OF ROTATING REPERTORY. ASOLO REP IS A THEATRE DISTRICT IN ITSELF. EACH SEASON, ASOLO REP MOUNTS UP TO ELEVEN PRODUCTIONS AND THREE HUNDRED PERFORMANCES ON THREE STAGES, FOR MORE THAN ONE HUNDRED THOUSAND PEOPLE ANNUALLY.

4b (Code:) (Expenses \$ 402,689. including grants of \$) (Revenue \$ 940,606.) THE FSU/ASOLO CONSERVATORY FOR ACTOR TRAINING IS A RIGOROUS THREE-YEAR M.F.A GRADUATE PROGRAM CONNECTED TO ASOLO REPERTORY. IT IS RANKED IN THE TOP TEN ACTOR TRAINING PROGRAMS BY THE NEW YORK TIMES. MORE THAN TWO THOUSAND AUDITION ANNUALLY FOR A MERE TWELVE SLOTS.

4c (Code:) (Expenses \$ 2,656,531. including grants of \$) (Revenue \$ 264,173.) THE SCENE AND COSTUME SHOPS CREATE PHYSICAL ELEMENTS FOR THE PRODUCTIONS AND CONTRIBUTE TO THE QUALITY PROFESSIONAL THEATRICAL EXPERIENCE FOR ASOLO REPERTORY, THE FSU/ASOLO CONSERVATORY FOR ACTOR TRAINING AND OTHERS, SUCH AS THE TAMPA BAY PERFORMING ARTS CENTER AND THE SARASOTA OPERA.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 146,932.)

4e Total program service expenses 8,161,086.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 57		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 57		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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: **GARY KEEHNER - 941-351-9010**
5555 N. TAMiami TRAIL, SARASOTA, FL 34243

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

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

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

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

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

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 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) PEGGY ABT DIRECTOR	1.00	X					0.	0.	0.	
(2) PAT ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
(3) DIANA ARMBURST DIRECTOR	1.00	X					0.	0.	0.	
(4) ROBERT BAER DIRECTOR	1.00	X					0.	0.	0.	
(5) CHARLES BARANCIK DIRECTOR	1.00	X					0.	0.	0.	
(6) BEVERLY BARTNER DIRECTOR	1.00	X					0.	0.	0.	
(7) BOB BARTNER DIRECTOR	1.00	X					0.	0.	0.	
(8) DAVID BAVAR DIRECTOR	1.00	X					0.	0.	0.	
(9) DOUG BRADBURY DIRECTOR	1.00	X					0.	0.	0.	
(10) SUSAN BUCK DIRECTOR	1.00	X					0.	0.	0.	
(11) CHAD CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(12) JAMES CHANDLER DIRECTOR	1.00	X					0.	0.	0.	
(13) WARREN COVILLE DIRECTOR	1.00	X					0.	0.	0.	
(14) JOHN CURRIE DIRECTOR	1.00	X					0.	0.	0.	
(15) SUSAN DWECK DIRECTOR	1.00	X					0.	0.	0.	
(16) RICHARD FERRELL DIRECTOR	1.00	X					0.	0.	0.	
(17) HERMAN FRANKEL DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) LESLIE GLASS DIRECTOR	1.00	X						0.	0.	0.
(19) ENRIQUE GOMEZ DIRECTOR	1.00	X						0.	0.	0.
(20) RONALD GREENBAUM DIRECTOR	1.00	X						0.	0.	0.
(21) NONA MCDONALD HEASLIP DIRECTOR	1.00	X						0.	0.	0.
(22) JUDITH HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(23) CHARLIE HUISKING DIRECTOR	1.00	X						0.	0.	0.
(24) CAMERON JACKSON DIRECTOR	1.00	X						0.	0.	0.
(25) ANNE JONES DIRECTOR	1.00	X						0.	0.	0.
(26) CAROLYN KEYSTONE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								607,335.	0.	68,061.
d Total (add lines 1b and 1c)								607,335.	0.	68,061.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) BEVERLY KOSKI DIRECTOR	1.00	X					0.	0.	0.	
(28) RUTH KREINDLER DIRECTOR	1.00	X					0.	0.	0.	
(29) CHERYL MACLAUCLAN DIRECTOR	1.00	X					0.	0.	0.	
(30) FLORA MAJOR DIRECTOR	1.00	X					0.	0.	0.	
(31) NANCY MARKLE DIRECTOR	1.00	X					0.	0.	0.	
(32) ELENOR MAXHEIM DIRECTOR	1.00	X					0.	0.	0.	
(33) JOAN ARMOUR MENDELL DIRECTOR	1.00	X					0.	0.	0.	
(34) SCOTT MERRITT DIRECTOR	1.00	X					0.	0.	0.	
(35) ANNA NEKORANEC DIRECTOR	1.00	X					0.	0.	0.	
(36) CAROL PHILLIPS DIRECTOR	1.00	X					0.	0.	0.	
(37) AUDREY ROBBINS DIRECTOR	1.00	X					0.	0.	0.	
(38) FLORI ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
(39) JIM ROQUE DIRECTOR	1.00	X					0.	0.	0.	
(40) JENNIFER RUST DIRECTOR	1.00	X					0.	0.	0.	
(41) WILLIAM SANDY DIRECTOR	1.00	X					0.	0.	0.	
(42) STEPHANIE SHAW DIRECTOR	1.00	X					0.	0.	0.	
(43) EVA SLANE DIRECTOR	1.00	X					0.	0.	0.	
(44) JOHN THRASHER DIRECTOR	1.00	X					0.	0.	0.	
(45) PETER WEISHAR DIRECTOR	1.00	X					0.	0.	0.	
(46) MARGARET WISE DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b	15,713.				
	c Fundraising events	1c	495,576.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	239,479.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,685,156.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,435,924.				
	Program Service Revenue	2 a RESIDENT SEASON	Business Code 711110	4,644,659.	4,644,659.		
b FSU/ASOLO CONSERVATORIES		711110	940,606.	940,606.			
c SCENE & COSTUME SHOPS		711110	295,053.	264,173.	30,880.		
d TICKET SURCHARGE		711110	146,932.	146,932.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			6,027,250.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		518,078.			518,078.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			240,585.		240,585.	
	8 a Gross income from fundraising events (not including \$ 495,576. of contributions reported on line 1c). See Part IV, line 18	a	146,771.				
		b Less: direct expenses	b	293,385.			
c Net income or (loss) from fundraising events							
				-146,614.		-146,614.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	13,091.					
	b Less: cost of goods sold	b	5,954.				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			13,082,360.	5,996,370.	30,880.	619,186.	

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				
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	675,395.	236,476.	315,343.	123,576.
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	4,791,200.	4,363,564.	138,837.	288,799.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,236.	54,988.		9,248.
9 Other employee benefits	813,972.	625,541.	188,431.	
10 Payroll taxes	397,028.	339,902.	24,021.	33,105.
11 Fees for services (non-employees):				
a Management				
b Legal	11,928.	1,029.	10,899.	
c Accounting	27,900.		27,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	65,226.		65,226.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	20,124.	19,824.		300.
12 Advertising and promotion	471,056.	416,766.		54,290.
13 Office expenses	168,057.	105,281.	44,579.	18,197.
14 Information technology				
15 Royalties	506,454.	506,454.		
16 Occupancy	124,792.	86,994.	37,798.	
17 Travel	148,853.	141,064.	5,426.	2,363.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	411,355.	283,683.	127,672.	
23 Insurance	83,829.		83,829.	
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 PRODUCTION EXPENSE	494,503.	494,503.		
b MAINTENANCE	231,298.	58,229.	173,069.	
c OPENING/CLOSING NIGHT D	61,321.			61,321.
d CAPITAL CAMPAIGN	30,146.			30,146.
e All other expenses	632,277.	426,788.	202,928.	2,561.
25 Total functional expenses. Add lines 1 through 24e	10,230,950.	8,161,086.	1,445,958.	623,906.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	229.	1	1,997.	
	2 Savings and temporary cash investments	3,382,073.	2	4,563,802.	
	3 Pledges and grants receivable, net	923,141.	3	969,880.	
	4 Accounts receivable, net	104,038.	4	59,241.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,882.	8	4,882.	
	9 Prepaid expenses and deferred charges	194,932.	9	227,170.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,775,558.			
	b Less: accumulated depreciation	10b 3,054,600.			
	11 Investments - publicly traded securities	4,034,515.	10c	4,720,958.	
	12 Investments - other securities. See Part IV, line 11	15,213,708.	11	18,001,888.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	2,021,811.	14	1,941,641.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,879,329.	15	30,491,459.		
Liabilities	17 Accounts payable and accrued expenses	551,533.	17	463,502.	
	18 Grants payable		18		
	19 Deferred revenue	1,474,855.	19	1,660,675.	
	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	1,900,001.	25	1,900,001.	
	26 Total liabilities. Add lines 17 through 25	3,926,389.	26	4,024,178.	
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	11,114,898.	27	12,680,260.	
	28 Temporarily restricted net assets	1,804,958.	28	4,316,674.	
	29 Permanently restricted net assets	9,033,084.	29	9,470,347.	
	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	21,952,940.	33	26,467,281.	
	34 Total liabilities and net assets/fund balances	25,879,329.	34	30,491,459.	

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	13,082,360.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,230,950.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,851,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,952,940.
5	Net unrealized gains (losses) on investments	5	1,662,931.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,467,281.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		X
b 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		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ASOLO THEATRE INC.** Employer identification number **59-2717909**

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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		<input type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,559,689.	5,110,260.	6,979,360.	5,968,594.	6,435,924.	31,053,827.
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	4,522,609.	4,984,169.	5,455,354.	7,267,261.	6,187,112.	28,416,505.
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	11,082,298.	10,094,429.	12,434,714.	13,235,855.	12,623,036.	59,470,332.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	730,072.	2,585,056.	716,396.	3,236,278.	587,815.	7,855,617.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	730,072.	2,585,056.	716,396.	3,236,278.	587,815.	7,855,617.
8 Public support. (Subtract line 7c from line 6.)						51,614,715.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	11,082,298.	10,094,429.	12,434,714.	13,235,855.	12,623,036.	59,470,332.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,817.	205,306.	374,833.	514,138.	518,078.	1,705,172.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	92,817.	205,306.	374,833.	514,138.	518,078.	1,705,172.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,390.	60,302.	2,406.	681.	7,722.	75,501.
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.)	11,179,505.	10,360,037.	12,811,953.	13,750,674.	13,148,836.	61,251,005.

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 2016 (line 8, column (f) divided by line 13, column (f))	15	84.27 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	82.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	2.78 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	2.24 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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 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.)

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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.		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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.			
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 (explain in Part VI.) **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):		
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 .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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Multiple horizontal lines for supplemental information.

DRAFT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization ASOLO THEATRE INC. Employer identification number 59-2717909

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,921,395.	12,871,112.	11,318,493.	6,920,423.	3,825,003.
b Contributions	1,510,443.	2,070,140.	1,902,266.	3,938,443.	2,850,376.
c Net investment earnings, gains, and losses	946,311.	108,001.	28,608.	705,126.	247,044.
d Grants or scholarships					
e Other expenditures for facilities and programs	377,843.	127,858.	378,255.	245,499.	2,000.
f Administrative expenses					
g End of year balance	17,000,306.	14,921,395.	12,871,112.	11,318,493.	6,920,423.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 36.51 %
- b Permanent endowment ▶ 55.71 %
- c Temporarily restricted endowment ▶ 7.78 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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" on 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		293,797.		293,797.
b Buildings		3,660,523.	642,097.	3,018,426.
c Leasehold improvements		1,186,010.	404,310.	781,700.
d Equipment		2,635,228.	2,008,193.	627,035.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 4,720,958.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PREPAID LEASE, NET	1,931,596.
(2) DEPOSITS	10,045.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,941,641.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO FSU FOUNDATION, INC.	1,900,001.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,900,001.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	15,323,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,662,931.
b	Donated services and use of facilities	2b	637,717.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,954.
e	Add lines 2a through 2d	2e	2,306,602.
3	Subtract line 2e from line 1	3	13,017,134.
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	65,226.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	65,226.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,082,360.

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	10,809,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	637,717.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,954.
e	Add lines 2a through 2d	2e	643,671.
3	Subtract line 2e from line 1	3	10,165,724.
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	65,226.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	65,226.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,230,950.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO PROVIDE FUNDS AS AN OPERATING RESERVE FOR THE THEATRE.

PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, THE THEATRE HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 5,954.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONCESSIONS 5,954.

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASOLO THEATRE INC.

Employer identification number

59-2717909

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
- 2 a** 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 10 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			
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.
-
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-

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) Total events (add col. (a) through col. (c))	
		GALA	STARRY NIGHTS	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	406,813.	112,566.	111,886.	631,265.
	2	Less: Contributions	299,900.	102,416.	93,260.	495,576.
	3	Gross income (line 1 minus line 2)	106,913.	10,150.	18,626.	135,689.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,685.	7,363.	9,701.	21,749.
	7	Food and beverages	86,008.	48,579.	15,518.	150,105.
	8	Entertainment	40,890.	1,530.	2,450.	44,870.
	9	Other direct expenses	30,118.	7,107.	11,714.	48,939.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				265,663.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-129,974.

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		%
13b		%

b An outside facility

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 to be 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 provide any additional information. See instructions

Part IV Supplemental Information *(continued)*

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASOLO THEATRE INC.

Employer identification number

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

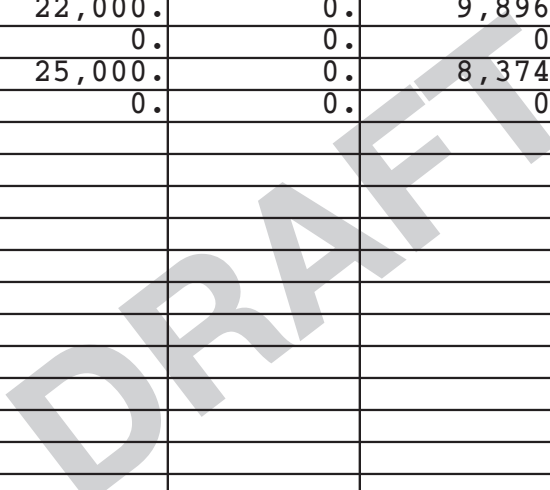
Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL EDWARDS PRODUCING ARTISTIC DIRECTO	(i)	197,917.	22,000.	0.	9,896.	6,663.	236,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA DIGABRIELE MANAGING DIRECTOR	(i)	167,473.	25,000.	0.	8,374.	20,141.	220,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

PER MICHAEL EDWARDS (PRODUCING ARTISTIC DIRECTOR) EMPLOYMENT CONTRACT "FOR ANY FISCAL YEAR IN WHICH THE TOTAL OF THE ASOLO'S EARNED AND CONTRIBUTED INCOME (EXCLUDING GIFTS TO THE ASOLO'S ENDOWMENT FUND OR GIFTS FOR CAPITAL IMPROVEMENTS) EXCEEDS THE TOTAL OF THE ASOLO'S OPERATING EXPENSES (EXCLUDING CAPITAL EXPENDITURES AND DEPRECIATION AND AMORTIZATION COSTS), THE ASOLO SHALL PAY EDWARDS A BONUS IN AN AMOUNT EQUAL TO THE LESSER OF THE AMOUNT OF THE EXCESS OR \$10,000. SUCH BONUS, IF ANY, SHALL BE PAID TO EDWARDS WITHIN 30 DAYS AFTER COMPLETION OF THE AUDIT OF THE ASOLO'S FINANCIAL STATEMENTS FOR SUCH FISCAL YEAR."

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ASOLO THEATRE INC.

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

SUPERIOR EDUCATIONAL PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS BOB BARNTER AND BEVERLY BARTNER HAVE A FAMILY RELATIONSHIP.

BOARD MEMBERS TOM CHARTERS AND ANN CHARTERS HAVE A FAMILY RELATIONSHIP.

BOARD MEMBER MARY LOU WINNICK AND ENDOWMENT TRUSTEE ED WINNICK HAVE A
FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE ASOLO REPERTORY THEATRE 2017 AMENDED AND RESTATED BYLAWS WERE
RECOMMENDED BY THE GOVERNANCE DOCUMENTS TASK FORCE ON JANUARY 12, 2017 AND
ACCEPTED BY THE BOARD OF DIRECTORS: FEBRUARY 2, 2017.

SECTION 1.02 PURPOSES AND POWERS PREVIOUSLY STATED: "THIS CORPORATION WILL
HAVE THE POWERS AS MAY BE STATED IN ITS ARTICLES OF INCORPORATION AND SUCH
POWERS AS ARE NOW OR MAY BE GRANTED HEREAFTER BY LAW." IT HAS NOW BEEN
EXPANDED TO READ:

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE EXCLUSIVELY FOR
CHARITABLE, RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES, INCLUDING, FOR
SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS
EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE,
OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

THE GENERAL NATURE, OBJECTS AND PURPOSES OF THE CORPORATION SHALL BE TO
OPERATE WITHOUT PROFIT AND TO ACCEPT AND RECEIVE PROPERTY OF WHATEVER KIND,
AND WHEREVER SITUATE, RECEIVED BY IT BY GIFT, GRANT, PURCHASE, DEVISE,

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization ASOLO THEATRE INC.	Employer identification number 59-2717909
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BEQUEST, OR IN ANY LAWFUL MANNER AND TO ADMINISTER AND DISTRIBUTE SUCH PROPERTY EXCLUSIVELY FOR HEALTH, WELFARE, SCIENTIFIC, EDUCATIONAL, ENVIRONMENTAL, CULTURAL OR OTHER CHARITABLE PURPOSES, INCLUDING:

NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH IN THE PURPOSE CLAUSE HEREOF. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE ORGANIZATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE.

NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS DOCUMENT, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR (B) BY AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

SECTION 3.4 NUMBER OF ELECTED DIRECTORS - PREVIOUSLY STATED MAXIMUM NUMBER OF 50 DIRECTORS HAS BEEN ELIMINATED FROM THE BYLAWS.

SECTION 3.5 EX OFFICIO MEMBERS - OLD BYLAWS:

THE FOLLOWING SHALL BE APPOINTED EX OFFICIO MEMBERS OF THE BOARD OF DIRECTORS, ALL WITH VOTING RIGHTS:

Name of the organization ASOLO THEATRE INC.	Employer identification number 59-2717909
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- (1) THE SECRETARY OF COMMERCE OF THE STATE OF FLORIDA OR HIS OR HER DESIGNEE,
- (2) THE PRESIDENT OF THE FLORIDA STATE UNIVERSITY OR HIS OR HER DESIGNEE,
- (3) THE DEAN OF THE SCHOOL OF THEATRE OF THE FLORIDA STATE UNIVERSITY,
- (4) THE PRESIDENT OF THE ASOLO THEATRE GUILD, AND
- (5) THE PRESIDENT OF THE ASOLO ANGEL ASSOCIATION.

NEW BYLAWS:

THE FOLLOWING SHALL BE APPOINTED EX OFFICIO MEMBERS OF THE BOARD OF DIRECTORS, ALL WITH VOTING RIGHTS:

- (1) THE PRESIDENT OF THE FLORIDA STATE UNIVERSITY OR HIS OR HER DESIGNEE,
- (2) THE FLORIDA STATE UNIVERSITY DEAN WITH OVERSIGHT OF THE FSU/ASOLO CONSERVATORY.
- (3) THE PRESIDENT OF THE ASOLO THEATRE GUILD.

TERMS OF DIRECTORS - OLD BYLAWS, SECTION 3.6:

- (1) ALL DIRECTORS WILL BE ELECTED FOR THREE (3) YEAR TERMS UNLESS ELECTED TO FILL AN UNCOMPLETED TERM. SERVICE FOR AN UNCOMPLETED TERM SHALL BE CONSIDERED A FULL TERM.
- (2) DIRECTORS SHALL BE ELIGIBLE TO SERVE TWO (2) CONSECUTIVE THREE (3) YEAR TERMS, BUT SHALL BE INELIGIBLE FOR FURTHER RE-ELECTION UNTIL ONE (1) YEAR HAS ELAPSED. NOTWITHSTANDING THE ABOVE, HOWEVER, BOARD MEMBERS WHO ARE ELECTED TO SERVE AS OFFICERS SHALL BE ELIGIBLE FOR RETENTION THROUGH THE TERM OF HIS OR HER OFFICE.

NEW BYLAWS, SECTION 3.04:

Name of the organization

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EACH NON EX-OFFICIO DIRECTOR SHALL BE ELECTED AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS FOR A TERM EXPIRING AT THE END OF THE FISCAL YEAR IN THE THIRD CALENDAR YEAR FOLLOWING SUCH ELECTION (THE "TERM"), PROVIDED, HOWEVER, THAT NEW NON EX-OFFICIO DIRECTORS SHALL BE ELECTED ONCE PER YEAR AT THE ANNUAL MEETING OR AT A MEETING OF THE BOARD OF DIRECTORS AS DETERMINED BY THE NOMINATING AND GOVERNANCE COMMITTEE. NOTWITHSTANDING THE FOREGOING, A NON-EX-OFFICIO DIRECTOR MAY BE ELECTED AT ANY MEETING OF THE BOARD OF DIRECTORS WITH THE AFFIRMATIVE VOTE OF THREE-QUARTERS OF THE FULL BOARD OF DIRECTORS FOR A TERM EXPIRING AT THE END OF THE FISCAL YEAR IN THE THIRD CALENDAR YEAR FOLLOWING SUCH ELECTION. EACH DIRECTOR MAY BE REELECTED AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS FOR A NEW TERM TO BEGIN ON THE FIRST DAY OF THE NEW FISCAL YEAR.

AMENDED BYLAWS ADDED NEW SECTION 3.06 HONORARY MEMBERS:

ALL CRYSTAL SOCIETY MEMBERS WILL BE HONORARY MEMBERS OF THE BOARD OF DIRECTORS. HONORARY MEMBERS OF THE BOARD OF DIRECTORS SHALL NOT HAVE ANY VOTING RIGHTS.

OLD BYLAWS SECTION 3.9 VACANCIES ON THE BOARD: "RESIGNATION OF DIRECTORS WILL BECOME EFFECTIVE IMMEDIATELY OR ON THE DATE SPECIFIED THEREIN, AND VACANCIES WILL BE DEEMED TO EXIST AS OF SUCH EFFECTIVE DATE. ANY VACANCY OCCURRING IN THE BOARD OF DIRECTORS, AND ANY DIRECTORSHIP TO BE FILLED BY REASON OF AN INCREASE IN THE NUMBER OF DIRECTORS, WILL BE FILLED BY MEANS OF NOMINATION AND ELECTION BY A MAJORITY OF THE BOARD OF DIRECTORS ACCORDING TO PARAGRAPH 9.02 OF THESE BYLAWS" HAS BEEN ELIMINATED FROM THE AMENDED AND RESTATED BYLAWS.

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OLD BYLAWS STATED THAT THE BOARD OF DIRECTORS SHALL HOLD ITS ANNUAL MEETING DURING THE MONTH OF JUNE. AMENDED AND RESTATED AS: "AN ANNUAL MEETING OF THE BOARD OF DIRECTORS SHALL BE HELD EACH YEAR DURING THE MONTH OF MAY, OR DURING ANOTHER MONTH SELECTED BY THE BOARD OF DIRECTORS"

NEW SECTION 3.14 MANNER OF ACTING CONTAINS THE FOLLOWING, NOT ADDRESSED IN PREVIOUS BYLAWS:

THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE FULL BOARD OF DIRECTORS SHALL BE REQUIRED TO AUTHORIZE EITHER: (I) THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR (II) A MERGER INVOLVING THE CORPORATION.

OLD BYLAWS SECTION 3.15 PROXIES HAS BEEN REMOVED IN ITS ENTIRETY.

TITLES FOR THE THREE VICE PRESIDENTS UNDER THE OLD BYLAWS WERE (A) FIRST VICE PRESIDENT, (B) SECOND VICE PRESIDENT, (C) THIRD VICE PRESIDENT. THIS HAS BEEN AMENDED TO (A) PRESIDENT ELECT, (B) VICE PRESIDENT, (C) VICE PRESIDENT. PRESIDENT ELECT IS SUBJECT TO THE SAME TERM LIMITS THAT APPLIED PREVIOUSLY TO THE FIRST VICE PRESIDENT (LIMIT OF THREE CONSECUTIVE ONE-YEAR TERMS).

BYLAWS NO LONGER DICTATE SEPARATE DUTIES FOR THE SECOND AND THIRD VICE PRESIDENTS AND SIMPLY STATE THAT: THE TWO VICE PRESIDENTS WILL PERFORM SUCH DUTIES AS ARE SPECIFIED BY THE PRESIDENT.

NEW SECTION ADDED 6.03 ACCOUNTING AND AUDIT:

Name of the organization ASOLO THEATRE INC.	Employer identification number 59-2717909
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THE CORPORATION SHALL MAINTAIN ITS ACCOUNTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE ACCOUNTS OF THE CORPORATION MAY BE REVIEWED ANNUALLY AS OF THE CLOSE OF BUSINESS ON THE LAST DAY OF EACH FISCAL YEAR OF THE CORPORATION BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT OR SUCH OTHER METHOD AS THE BOARD OF DIRECTORS APPROVES.

NEW SECTION ADDED 6.04 SECURITIES:

THE BOARD OF DIRECTORS MAY FROM TIME TO TIME PROVIDE FOR THE DEPOSIT AND CUSTODY OF ALL STOCK OR SHARE CERTIFICATES, BONDS, DEBENTURE STOCK, CERTIFICATES, NOTES OR OTHER OBLIGATIONS OR SECURITIES ("SECURITIES") OWNED BY THE CORPORATION. IN THE EVENT THAT THE CORPORATION HAS THE POWER TO VOTE WITH RESPECT TO ANY SECURITIES THAT IT OWNS, THE BOARD OF DIRECTORS OF THE CORPORATION SHALL DETERMINE HOW SUCH VOTE SHALL BE CAST. THE BOARD OF DIRECTORS SHALL HAVE THE POWER FROM TIME TO TIME BY RESOLUTION TO SELL, ASSIGN, TRANSFER, EXCHANGE, CONVERT OR CONVEY ANY AND ALL SECURITIES OWNED BY THE CORPORATION OR REGISTERED IN THE NAME OF THE CORPORATION AND TO SIGN AND EXECUTE ALL ASSIGNMENTS, TRANSFERS, CONVEYANCES, POWERS OF ATTORNEY AND OTHER INSTRUMENTS THAT MAY BE NECESSARY FOR THE PURPOSE OF SELLING, ASSIGNING, TRANSFERRING, EXCHANGING, CONVERTING OR CONVEYING ANY SUCH SECURITIES.

FORM 990, PART VI, SECTION A, LINE 4:

EXECUTIVE COMMITTEE

OLD ARTICLE 8.01: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE CORPORATION, THE PRESIDENT OF FLORIDA STATE UNIVERSITY OR HIS OR HER DESIGNEE, AND THE CHAIRS OF THE STANDING COMMITTEE ENUMERATED IN THESE

Name of the organization ASOLO THEATRE INC.	Employer identification number 59-2717909
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BYLAWS. THE EXECUTIVE COMMITTEE, TO THE EXTENT PROVIDED IN THE RESOLUTION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS AND THE MANAGEMENT OF THE CORPORATION BUT AT ALL TIMES SHALL ACT WITHIN THE BUDGET AND POLICY GUIDELINES AS SET FORTH BY THE FULL BOARD BUT MAY IN CASE OF EMERGENCY ENTER INTO CONTRACTS NOT TO EXCEED \$10,000, EXCEPT THAT THE COMMITTEE SHALL HAVE NO AUTHORITY IN REFERENCE TO AMENDING THE BYLAWS, ADOPTING A PLAN OF MERGER, EFFECTING THE SALE, LEASE, EXCHANGE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION, OR ELECTING OR REMOVING DIRECTORS OR OFFICERS OF THE CORPORATION OR MEMBERS OF THE EXECUTIVE COMMITTEE. THE BOARD OF DIRECTORS SHALL HAVE THE POWER AT ANY TIME TO FILL VACANCIES AND TO CHANGE THE SIZE OR MEMBERSHIP OF OR TO DISCHARGE THE EXECUTIVE COMMITTEE. ANY SUCH EXECUTIVE COMMITTEE SHALL KEEP A WRITTEN RECORD OF ITS PROCEEDINGS AND SHALL DISTRIBUTE SUCH RECORD TO ALL BOARD MEMBERS WITHIN TWO (2) WEEKS OF EACH EXECUTIVE COMMITTEE MEETING, AND AT SUCH OTHER TIMES AS MAY BE REQUESTED BY THE BOARD. HOWEVER, FAILURE TO SUBMIT SUCH RECORD OR FAILURE BY THE BOARD TO APPROVE ACTION INDICATED THEREIN SHALL NOT INVALIDATE SUCH ACTION TO THE EXTENT IT HAS BEEN CARRIED OUT BY THE CORPORATION PRIOR TO THE TIME THE RECORD THEREOF WAS OR SHOULD HAVE BEEN SUBMITTED TO THE BOARD AS PROVIDED HEREIN.

NEW ARTICLE 7.01: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE CORPORATION, THE PRESIDENT OF FLORIDA STATE UNIVERSITY OR HIS OR HER DESIGNEE, THE CHAIRS OF THE STANDING COMMITTEES ENUMERATED IN THESE BYLAWS EXCEPT FOR THE AUDIT COMMITTEE, AND UP TO SEVEN OTHER DIRECTORS AT-LARGE WHO ARE ELECTED AT THE ANNUAL MEETING OF THE DIRECTORS. EACH ELECTED AT-LARGE DIRECTOR SHALL SERVE UNTIL THE NEXT ANNUAL MEETING OF THE DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE

Name of the organization ASOLO THEATRE INC.	Employer identification number 59-2717909
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AUTHORITY OF THE BOARD OF DIRECTORS AND THE MANAGEMENT OF THE CORPORATION IN BETWEEN BOARD MEETINGS, SUBJECT TO THE FOLLOWING LIMITATIONS: (1) THE EXECUTIVE COMMITTEE AT ALL TIMES SHALL ACT WITHIN THE BUDGET AND POLICY GUIDELINES AS SET FORTH BY THE BOARD OF DIRECTORS; (2) THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY IN REFERENCE TO AMENDING THE BYLAWS, ADOPTING A PLAN OF MERGER, EFFECTING THE SALE, LEASE, EXCHANGE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION; AND (3) THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO ELECT OR REMOVE DIRECTORS OR OFFICERS OF THE CORPORATION OR MEMBERS OF THE EXECUTIVE COMMITTEE OR OTHER COMMITTEE. THE BOARD OF DIRECTORS SHALL HAVE THE POWER AT ANY TIME TO FILL VACANCIES AND TO CHANGE THE SIZE OR MEMBERSHIP OF OR TO DISCHARGE THE EXECUTIVE COMMITTEE. ANY SUCH EXECUTIVE COMMITTEE SHALL KEEP A WRITTEN RECORD OF ITS PROCEEDINGS AND SHALL DISTRIBUTE SUCH RECORD TO ALL BOARD MEMBERS WITHIN TWO (2) WEEKS AFTER APPROVAL THEREOF BY THE EXECUTIVE COMMITTEE, AND AT SUCH OTHER TIMES AS MAY BE REQUESTED BY THE BOARD. HOWEVER, FAILURE TO SUBMIT SUCH RECORD OR FAILURE BY THE BOARD TO APPROVE ACTION INDICATED THEREIN SHALL NOT INVALIDATE SUCH ACTION TO THE EXTENT IT HAS BEEN CARRIED OUT BY THE CORPORATION PRIOR TO THE TIME THE RECORD THEREOF WAS OR SHOULD HAVE BEEN SUBMITTED TO THE BOARD AS PROVIDED HEREIN.

THE STANDING COMMITTEE F/K/A THE NOMINATING COMMITTEE IS NOW THE NOMINATING & GOVERNANCE COMMITTEE.

OLD ARTICLE 9.2: THE NOMINATING COMMITTEE SHALL CONSIST OF SEVEN (7) MEMBERS, WHOSE NAMES WILL BE PRESENTED AS CANDIDATES WITH THE SLATE OF DIRECTOR NOMINEES AND WHO WILL BE ELECTED AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER SHALL BE A MEMBER OF THE

Name of the organization

ASOLO THEATRE INC.

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NOMINATING COMMITTEE WITH FULL VOTING PRIVILEGES. THE PRESIDENT EMERITUS WILL CHAIR THE NOMINATING COMMITTEE. THE PRESIDENT SHALL NOT SERVE AS A MEMBER OF THE NOMINATING COMMITTEE. DUTIES OF THE NOMINATING COMMITTEE SHALL BE TO MAINTAIN AN ONGOING ROSTER OF ELIGIBLE CANDIDATES FOR FUTURE DIRECTORSHIPS, TO SUBMIT A SLATE OF CANDIDATES FOR ELECTION OF DIRECTORS AND OFFICERS PRIOR TO EACH ANNUAL MEETING AND TO SUBMIT TO THE PRESIDENT THE NAMES OF CANDIDATES TO FILL VACANCIES ON THE BOARD OF DIRECTORS AS THEY OCCUR FROM TIME TO TIME. SUCH SUBMISSIONS SHALL BE DEEMED A NOMINATION OF EACH PERSON NAMED. THE COMMITTEE MAY RECOMMEND ONE (1) OR MORE THAN ONE (1) CANDIDATE FOR EACH VACANCY TO BE FILLED. AT THE ANNUAL MEETING DIRECTOR NOMINATIONS MAY ALSO BE MADE BY BOARD MEMBERS FROM THE FLOOR. THE NOMINATING COMMITTEE SHALL MEET A MINIMUM OF THREE (3) TIMES PER YEAR. THE NOMINATING COMMITTEE WILL ANNUALLY REVIEW AND EVALUATE THE PERFORMANCE OF ALL CURRENT BOARD MEMBERS, BASED ON SUCH JOB DESCRIPTION AS MAY BE ADOPTED BY THE BOARD. SUCH REVIEW WILL OCCUR IN MARCH, AND ANY MEMBER FOUND DEFICIENT, WILL BE SO NOTIFIED BY THE COMMITTEE. FOLLOWING SUCH NOTIFICATION, THE NOMINATING COMMITTEE WILL RECOMMEND TO THE PRESIDENT AND EXECUTIVE COMMITTEE THE RETENTION OR RENOMINATION OF EVERY ELIGIBLE MEMBER.

NEW ARTICLE 8.03: THE NOMINATING & GOVERNANCE COMMITTEE SHALL CONSIST OF NOT LESS THAN SEVEN (7) MEMBERS, WHOSE NAMES WILL BE PRESENTED AS CANDIDATES WITH THE SLATE OF DIRECTOR NOMINEES AND WHO WILL BE ELECTED AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER AND THE PRESIDENT ELECT SHALL BE MEMBERS OF THE NOMINATING & GOVERNANCE COMMITTEE WITH FULL VOTING PRIVILEGES. THE PRESIDENT EMERITUS OR HIS APPOINTEE WILL CHAIR THE NOMINATING & GOVERNANCE COMMITTEE. DUTIES OF THE NOMINATING & GOVERNANCE COMMITTEE SHALL BE TO MAINTAIN AN ONGOING ROSTER OF ELIGIBLE CANDIDATES FOR FUTURE DIRECTORSHIPS, TO SUBMIT A SLATE OF

Name of the organization

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CANDIDATES FOR ELECTION OF DIRECTORS, OFFICERS, AND AT-LARGE MEMBERS OF THE EXECUTIVE COMMITTEE PRIOR TO EACH ANNUAL MEETING SUCH SUBMISSIONS SHALL BE DEEMED A NOMINATION OF EACH PERSON NAMED. THE NOMINATING & GOVERNANCE COMMITTEE SHALL MEET A MINIMUM OF THREE (3) TIMES PER YEAR. THE NOMINATING & GOVERNANCE COMMITTEE WILL ANNUALLY REVIEW AND EVALUATE THE PERFORMANCE OF ALL CURRENT BOARD MEMBERS, BASED ON SUCH JOB DESCRIPTION AS MAY BE ADOPTED BY THE BOARD. ANY MEMBER FOUND DEFICIENT, WILL BE SO NOTIFIED BY THE COMMITTEE PRIOR TO THE ANNUAL MEETING. FOLLOWING SUCH NOTIFICATION, THE NOMINATING & GOVERNANCE COMMITTEE WILL RECOMMEND TO THE PRESIDENT AND EXECUTIVE COMMITTEE THE RETENTION OR RENOMINATION OF EVERY ELIGIBLE MEMBER. THE NOMINATING & GOVERNANCE COMMITTEE WILL RECOMMEND TO THE BOARD OF DIRECTORS THE CORPORATE GOVERNANCE GUIDELINES APPLICABLE TO THE CORPORATION.

THE REQUIREMENT THAT THE FINANCE COMMITTEE SHALL CONSIST OF SEVEN (7) MEMBERS HAS BEEN REMOVED.

DEVELOPMENT COMMITTEE HAS BEEN RE-DEFINED. OLD ARTICLE 9.7:

THE DEVELOPMENT COMMITTEE SHALL CONSIST OF A MINIMUM OF TEN (10) MEMBERS, ALL OF WHOM SHALL BE APPOINTED BY THE PRESIDENT. THE COMMITTEE SHALL ENCOURAGE VOLUNTARISM AND VOLUNTEER PROGRAMS, AID IN THE DESIGN AND IMPLEMENTATION OF PROGRAMS TO RAISE UNEARNED INCOME, AID IN THE DESIGN AND IMPLEMENTATION OF EDUCATION AND SCHOLARSHIP PROGRAMS, PROVIDE SOCIAL PROGRAMS FOR ASOLO PATRONS AND SUPPORTERS AND CARRY OUT OTHER PROJECTS ASSIGNED TO IT BY THE BOARD OF DIRECTORS. THE COMMITTEE MAY PROVIDE FOR ONE (1) OR MORE DISTINCT ORGANIZATIONS TO CARRY OUT THESE FUNCTIONS. ANY SUCH ORGANIZATION SO DESIGNATED MUST DRAFT AND MAINTAIN BYLAWS WHICH SHALL BE

Name of the organization

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APPROVE BY THE COMMITTEE AND THE BOARD OF DIRECTORS.

NEW ARTICLE 8.06: THE DEVELOPMENT COMMITTEE SHALL ENCOURAGE VOLUNTARISM AND VOLUNTEER PROGRAMS, AID IN THE DESIGN AND IMPLEMENTATION OF PROGRAMS TO RAISE COMMUNITY INCOME, AID IN THE DESIGN AND IMPLEMENTATION OF ENDOWMENT, EDUCATION AND SCHOLARSHIP PROGRAMS, PROVIDE SOCIAL PROGRAMS FOR ASOLO PATRONS AND SUPPORTERS AND CARRY OUT OTHER PROJECTS ASSIGNED TO IT BY THE BOARD OF DIRECTORS. THE COMMITTEE MAY PROVIDE FOR ONE (1) OR MORE DISTINCT ORGANIZATIONS TO CARRY OUT THESE FUNCTIONS. ANY SUCH ORGANIZATION SO DESIGNATED MUST DRAFT AND MAINTAIN BYLAWS WHICH SHALL BE APPROVED BY THE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

THE NEW BYLAWS EXTENSIVELY RE-DEFINE THE ORGANIZATION'S ADDITIONAL STANDING COMMITTEES. OLD SECTIONS 9.4 ENDOWMENT AND INVESTMENTS COMMITTEE, 9.5 LONG RANGE PLANNING COMMITTEE, AND 9.6 EDUCATION COMMITTEE HAVE BEEN REMOVED.

THE FOLLOWING NEW SECTIONS HAVE BEEN ADDED AS STANDING COMMITTEES:

8.05 STRATEGIC PLANNING COMMITTEE. DUTIES OF THE STRATEGIC PLANNING COMMITTEE SHALL INCLUDE ESTABLISHING A PLAN OF OBJECTIVES AND ACTIVITIES TO CARRY OUT THE PURPOSES OF THE CORPORATION, CONDUCTING SEMI-ANNUAL EVALUATIONS OF THE ACTIVITIES OF THE CORPORATION WITH RESPECT TO SUCH A PLAN AND CONSULTING WITH FLORIDA STATE UNIVERSITY PERSONNEL.

8.07 FSU/ASOLO CONSERVATORY SUPPORT COMMITTEE. THE FSU/ASOLO CONSERVATORY COMMITTEE WILL WORK WITH THE DEVELOPMENT STAFF TO ESTABLISH, INCREASE AND SOLICIT CONTRIBUTIONS FOR THE SUPPORT OF THE CONSERVATORY AND ITS STUDENTS AND FOR THE SATISFACTION OF THE CORPORATION'S OBLIGATIONS TO THE

Name of the organization

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CONSERVATORY FOR SCHOLARSHIPS AND OTHER EXPENSES.

8.08 AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL HAVE A SEPARATE CHARTER TO BE ADOPTED AND AMENDED BY THE EXECUTIVE COMMITTEE FROM TIME TO TIME.

8.09 FACILITIES COMMITTEE. THE FACILITIES COMMITTEE WILL WORK WITH STAFF TO MANAGE EXISTING PROPERTIES OWNED OR LEASED BY THE CORPORATION, TO IDENTIFY PROPERTIES FOR PURCHASE OR LEASE BY THE CORPORATION, AND TO IDENTIFY FUNDING SOURCES FOR THE ACQUISITION AND MAINTENANCE OF EXISTING PROPERTIES BY THE CORPORATION.

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

THE ORGANIZATION HAS A COMMITTEE OF BOARD MEMBERS WHO REVIEW AND DISCUSS THE FORM 990 PRIOR TO ITS FILING. THE FORM IS ALSO DISTRIBUTED TO ALL BOARD MEMBERS.

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

GOVERNANCE COMMITTEE MEETS REGULARLY AND REVIEWS POLICY AND COMPLIANCE.

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

GOVERNANCE COMMITTEE MEETS TO REVIEW AND DISCUSS COMPENSATION FOR ARTISTIC PRODUCING DIRECTOR.

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

THE ASOLO THEATRE, INC. PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

Name of the organization

ASOLO THEATRE INC.

Employer identification number

59-2717909

THERE WERE NO CURRENT YEAR CHANGES TO THE AUDIT OVERSIGHT PROCESS.

DRAFT

2017 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

June 30, 2018

Prepared for	Asolo Theatre Inc. 5555 North Tamiami Trail Sarasota, FL 34243																											
Prepared by	Kerkering, Barberio & CO. P.O. Box 49348 Sarasota, FL 34230-6348																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>1,040</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2017 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>1,040</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ None required</td><td></td></tr><tr><td>No. 2</td><td>\$ None required</td><td></td></tr><tr><td>No. 3</td><td>\$ 780</td><td>March 15, 2018</td></tr><tr><td>No. 4</td><td>\$ 260</td><td>June 15, 2018</td></tr></tbody></table>	Total Estimated Tax	\$	1,040	Less credit from prior year	\$	0	Less amount already paid on 2017 estimate	\$	0	Balance due	\$	1,040	Installment	Amount	Due Date	No. 1	\$ None required		No. 2	\$ None required		No. 3	\$ 780	March 15, 2018	No. 4	\$ 260	June 15, 2018
Total Estimated Tax	\$	1,040																										
Less credit from prior year	\$	0																										
Less amount already paid on 2017 estimate	\$	0																										
Balance due	\$	1,040																										
Installment	Amount	Due Date																										
No. 1	\$ None required																											
No. 2	\$ None required																											
No. 3	\$ 780	March 15, 2018																										
No. 4	\$ 260	June 15, 2018																										
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).																											
Mail voucher and check (if applicable) to	Not applicable																											
Special Instructions																												

Form **990-W**
 (Worksheet)
 Department of the Treasury
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

OMB No. 1545-0976

2017

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,008.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,040.

	(a)	(b)	(c)	(d)
11 Installment due dates. See instructions	11		03/15/18	06/15/18
12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		780.	260.
13 2016 Overpayment. See instructions	13			
14 Payment due (Subtract line 13 from line 12)	14		780.	260.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Asolo Theatre Inc. 5555 North Tamiami Trail Sarasota, FL 34243
Prepared by	Kerkering, Barberio & CO. P.O. Box 49348 Sarasota, FL 34230-6348
Amount due or refund	Balance due of \$1,040
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2018
Special Instructions	The return should be signed and dated.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ASOLO THEATRE INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5555 NORTH TAMiami TRAIL City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34243	D Employer identification number (Employees' trust, see instructions.) 59-2717909 E Unrelated business activity codes (See instructions.) 900002
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C Book value of all assets at end of year 30,491,459.	F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
--	---	--

H Describe the organization's primary unrelated business activity. ▶ **COSTUME AND SCENERY CONSTRUCTION AND SALE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **GARY KEEHNER** Telephone number ▶ **941-351-9010**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>30,880.</u>			
b Less returns and allowances			
c Balance ▶	1c <u>30,880.</u>		
2 Cost of goods sold (Schedule A, line 7)	2 <u>5,429.</u>		
3 Gross profit. Subtract line 2 from line 1c	3 <u>25,451.</u>		25,451.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 <u>25,451.</u>		25,451.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	<u>13,583.</u>
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	<u>295.</u>
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 1	28	<u>3,851.</u>
29 Total deductions. Add lines 14 through 28	29	<u>17,729.</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>7,722.</u>
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<u>7,722.</u>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<u>1,000.</u>
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<u>6,722.</u>

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
(2) Additional 3% tax (not more than \$100,000) \$		
c Income tax on the amount on line 34		35c 1,008.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 1,008.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	1,008.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	1,008.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g	Total
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	32.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	1,040.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
 Title: **PRESIDENT**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name REBECCA U. STONER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00585910
Firm's name KERKERING, BARBERIO & CO.	Firm's EIN 59-1753337			
P.O. BOX 49348				
Firm's address SARASOTA, FL 34230-6348		Phone no. 941-365-4617		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	5,429.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	5,429.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	5,429.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
	0.	0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

DRAFT

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
EMPLOYEE BENEFITS		1,497.	
OTHER		2,354.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		3,851.	

DRAFT

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2016

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **ASOLO THEATRE INC.** Employer identification number **59-2717909**

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	1,008.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	1,008.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,008.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/16	12/15/16	03/15/17	06/15/17
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	252.	252.	252.	252.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		252.	504.	756.
15	Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		252.	504.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	252.	252.	252.	252.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 4\%$ (0.04) ...	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 4\%$ (0.04) ...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 4\%$ (0.04) ...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\%$ (0.04) ...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			\$ 32.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ASOLO THEATRE INC.	Employer identification number (EIN) or 59-2717909
	Number, street, and room or suite no. If a P.O. box, see instructions. 5555 NORTH TAMIAMI TRAIL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34243	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GARY KEEHNER

• The books are in the care of ▶ **5555 N. TAMIAMI TRAIL - SARASOTA, FL 34243**
 Telephone No. ▶ **941-351-9010** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ASOLO THEATRE INC.	Employer identification number (EIN) or 59-2717909
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5555 NORTH TAMiami TRAIL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34243	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GARY KEEHNER

• The books are in the care of ▶ **5555 N. TAMiami TRAIL - SARASOTA, FL 34243**
Telephone No. ▶ **941-351-9010** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 TAX RETURN FILING INSTRUCTIONS

FLORIDA F-1120

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Asolo Theatre Inc. 5555 North Tamiami Trail Sarasota, FL 34243
Prepared by	Kerkering, barberio & co. P.o. Box 49348 sarasota, fl 34230-6348
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0135
Return must be mailed on or before	June 1, 2018
Special Instructions	

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
 Contact person for questions: GARY KEEHNER
 Telephone number: 941-351-9010
GARY_KEEHNER@ASOLO.

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

644961
10-06-16

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/15

Name ASOLO THEATRE INC.
Address 5555 NORTH TAMiami TRAIL
City/State/ZIP SARASOTA, FL 34243

FEIN 59-2717909
 Taxable Year End 06/30/17
 FILING STATUS Partnership Corporation
 All other federal returns to be filed _____
 Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

592717909	0	0	0
1	0	0	0
20170630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



Florida Corporate Income/Franchise Tax Return

FEIN 59-2717909

F-1120, R. 01/17 1019

For calendar year 2016 or tax year beginning JUL 1, 2016 ending JUN 30, 2017

Rule 12C-1.051 Florida Administrative Code Effective 01/17

873302017063000020050372359271790900002

Name ASOLO THEATRE INC.
Address 5555 NORTH TAMiami TRAIL
City/State/ZIP SARASOTA, FL 34243

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 19 rows detailing tax computation: 1. Federal taxable income (6,722.00), 2. State income taxes deducted, 3. Additions to federal taxable income, 4. Total of Lines 1, 2 and 3 (6,722.00), 5. Subtractions from federal taxable income, 6. Adjusted federal income (6,722.00), 7. Florida portion of adjusted federal income (6,722.00), 8. Nonbusiness income allocated to Florida, 9. Florida exemption (6,722.00), 10. Florida net income (0.00), 11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (0.00), 12. Credits against the tax, 13. Total corporate income/franchise tax due (0.00), 14. a) Penalty: F-2220, b) Other, c) Interest: F-2220, d) Other, Line 14 Total, 15. Total of Lines 13 and 14, 16. Payment credits: Estimated tax payments 16a \$, Tentative tax payment 16b \$, 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 (0.00), 18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon, 19. Refund: Enter amount of overpayment to be refunded here and on payment coupon.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/17

Do Not Detach

YEAR ENDING 06/30/17

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name ASOLO THEATRE INC.
Address 5555 NORTH TAMiami TRAIL
City/State/ZIP SARASOTA, FL 34243

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: 592717909 (0), 20160701 (0), 20170630 (672200), 00000000 (0.000000), 012 (0), 202 (0), 672200 (0), 0 (672200)



ASOLO THEATRE INC.

FEIN 59-2717909

1019
F-1120
R. 01/17
Page 2
06/30/17

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature), Date, Title: PRESIDENT
Paid preparers only: Preparer's signature, Date, Preparer check if self-employed, Preparer's PTIN: P00585910
Firm's name (or yours if self-employed) and address: KERKERING, BARBERIO & CO., P.O. BOX 49348, SARASOTA, FL
FEIN: 59-1753337
ZIP: 34230-6348

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: N15927
C. Florida consolidated return? YES [] NO [X]
D. [] Initial return [] Final return (final federal return filed)
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) [X] General Rule [] Election A [] Election B
F. Principal Business Activity Code (as pertains to Florida) 900002
G. A Florida extension of time was timely filed? YES [] NO [X]
H-1. Corporation is a member of a controlled group? YES [] NO [X] If yes, attach list.
H-2. Part of a federal consolidated return? YES [] NO [X] If yes, provide: FEIN from federal consolidated return: Name of corporation:
H-3. The federal common parent has sales, property, or payroll in Florida? YES [] NO [X]
I. Location of corporate books: 5555 N. TAMiami TRAIL, SARASOTA, FL 34243
J. Taxpayer is a member of a Florida partnership or joint venture? YES [] NO [X]
K. Enter date of latest IRS audit:
a) List years examined:
L. Contact person concerning this return: GARY KEEHNER
a) Contact person telephone number: 941-351-9010
b) Contact person e-mail address: GARY_KEEHNER@ASOLO.O
M. Type of federal return filed [] 1120 [] 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME ASOLO THEATRE INC.

FEIN 59-2717909

TAXABLE YEAR ENDING 06/30/17

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. s. 168(k) IRC special bonus depreciation	19.	19.
20. Other additions (attach schedule)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME ASOLO THEATRE INC.

FEIN 59-2717909

TAXABLE YEAR ENDING 06/30/17

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)	6b. _____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____				
b. Rented property Everywhere	7b. _____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere	8b. _____				
III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	N/A		N/A		
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME ASOLO THEATRE INC.

FEIN 59-2717909

TAXABLE YEAR ENDING 06/30/17

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME ASOLO THEATRE INC. FEIN 59-2717909 TAXABLE YEAR ENDING 06/30/17

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2017**

1. Florida income expected in taxable year	1.	\$	6,722.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	6,722.00
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
Less: Credits against the tax	4.	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
5. Computation of installments:			
Payment due dates and	If 6/30 year end, last day of 4th month,		
payment amounts:	otherwise last day of 5th month - Enter 0.25 of Line 4		
	5a.	_____	_____
		Last day of 6th month - Enter 0.25 of Line 4	5b. _____
		Last day of 9th month - Enter 0.25 of Line 4	5c. _____
		Last day of fiscal year - Enter 0.25 of Line 4	5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____



ASOLO THEATRE INC.

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FEIN 59-2717909

DATA Page 1

592717909	0	0	0
672200	0	0	0
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