# FOR TAX YEAR 2020

PONTIACS LITTLE ART THEATRE

DAVID DUFFY CPA PLLC 26622 WOODWARD AVE STE 250 ROYAL OAK, MI 48067 (248)542-8340

### DAVID DUFFY, CPA, PLLC Certified Public Accountant and Consultant 26622 Woodward Avenue. Suite 250 Royal Oak. Michigan 48067 Phone (248) 542-8340 Fax (248) 542-0337

DAVID L. DUFFY. CPA MANAGING MEMBER

April 25, 2021

Pontiacs Little Art Theatre 47 N Saginaw Street Pontiac, MI 48342

Pontiacs Little Art Theatre:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Pontiacs Little Art Theatre from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (248)542-8340.

Sincerely,

## David

David L Duffy CPA DAVID DUFFY CPA PLLC

### DAVID DUFFY, CPA, PLLC Certified Public Accountant and Consultant 26622 woodward avenue. suite 250 Royal oak. Michigan 48067 Phone (248) 542-8340 Fax (248) 542-0337

DAVID L. DUFFY. CPA MANAGING MEMBER

April 25, 2021

Pontiacs Little Art Theatre 47 N Saginaw Street Pontiac, MI 48342

Subject: Preparation of 2020 Tax Returns

Pontiacs Little Art Theatre:

Thank you for choosing DAVID DUFFY CPA PLLC to assist with the 2020 taxes for Pontiacs Little Art Theatre. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2020 federal and state income tax returns for Pontiacs Little Art Theatre. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Pontiacs Little Art Theatre, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2020 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

# David

David L Duffy CPA DAVID DUFFY CPA PLLC

Accepted By:

Officer

Date

### DAVID DUFFY, CPA, PLLC Certified Public Accountant and Consultant 26622 woodward avenue. suite 250 Royal Oak. Michigan 48067 Phone (248) 542-8340 Fax (248) 542-0337

DAVID L. DUFFY. CPA MANAGING MEMBER

December 21, 2020

Pontiacs Little Art Theatre 47 N Saginaw Street Pontiac, MI 48342

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

\* Information we receive from interviews regarding your tax situation;

\* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and

\* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

# David

DAVID DUFFY CPA PLLC

990		Tax Exempt Diagnostic Summ	ary	2020
Name PONTIACS LITTLE AR	т тигатог			Employer Identification # 81-0860840
FUNITACS LITTLE AR	I INCAIRC			81-0800840
Demographics				
Mailing Address:		Ph	one: (248)722-01	74
47 N SAGINAW STREE	т			
PONTIAC, MI 48342				
Resident State: MI				
Diagnostics				
Preparer: DAVID L D	UFFY CP	Invoice:	Date:	04-25-2021
Return Information				
Ham an Date		2020		2019 Federal
Item on Retu	IW	Federal		(If available)
Total Revenue	_	94,312		2,215
Total Expenses		53,193		17,519
Net Excess (Deficit)		41,119		(15,304)
Net Assets or Fund				
Balances		31,748		(9,371)
State/City Information				
State/City Taxa Reve			UBIT	Total Refund/ Tax (Balance Due)

### 2020 Filing Instructions PONTIACS LITTLE ART THEATRE Tax year ending 12-31-2020

### Form filed:

Form 990 and supplemental forms and schedules

### Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

### Due date:

05-17-2021

### The return reflects neither a refund nor a balance due.

### Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Form	g	90	Return	of Organization E	xempt From Inc	ome T	Гах		OMB No. 1545-0047		
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)									2020		
		the Treasury		nter social security numbers	-				Open to Public		
		ue Service		www.irs.gov/Form990 for in					Inspection , 20		
_	A       For the 2020 calendar year, or tax year beginning       , 2020, and ending         B       Check if applicable:       C       Name of organization PONTIACS       LITTLE       ART       THEATRE       D       Employer         Address change       Doing business as       81										
=	Number and street (or P.O. box if mail is not delivered to street address)     Room/suite     E										
Ξ	itial retu	•	47 N SAGINAW		,				(248)722-0174		
Fi	nal retu	rn/terminated	City or town, state or p	rovince, country, and ZIP or foreign post	al code	1		G Gross			
Ar	nended	l return	PONTIAC, MI 4	18342				\$	94,312		
Ap	oplicatio	on pending	F Name and address of	principal officer:			H(a) Is this a g	group return fo	r subordinates? Yes X No		
							H(b) Are all s	subordinates	s included? Yes No		
I Ta	ax-exen	npt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(	l) or 527		lf "No,"	attach a list	See instructions		
		► N/A					H(c) Group e				
		•		ssociation Other ►	L Year of format	tion: 201	5 M S	State of lega	I domicile: MI		
Par		Summar									
	1		-	ssion or most significant activitie	es: <u>TO PROVIDE A</u>	A COMMU	JNITY A	RTS TH	EATER IN		
e		PONTIAC,	MICHIGAN								
Governance					•						
veri	2	Check this be	ox ►  if the organizati	on discontinued its operations of	or disposed of more than	25% of its	s net asset	ts.			
	3			verning body (Part VI, line 1a)				3	3		
Activities &	4			ers of the governing body (Par				4	0		
itie	5			in calendar year 2020 (Part V,				5	0		
ctiv	6			if necessary)				6	3		
Ă	7a	Total unrelat	ed business revenue fror	n Part VIII, column (C), line 12				. 7a	0		
	b	Net unrelate	d business taxable incon	ne from Form 990-T, Part I, line	11			. 7b	0		
							Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, lin	e1h)		•			84,174		
nue	9	Program ser	vice revenue (Part VIII, li	ne 2g) • • • • • • • • • • • • • • • • • • •		•	1	,560	123		
Revenue	10			(A), lines 3, 4, and 7d)		•			0		
В	11			lines 5, 6d, 8c, 9c, 10c, and 11e				655	10,015		
	12		-	I (must equal Part VIII, column		•	2	215	94,312		
	13			,		•			0		
	14		I to or for members (Part		· · · · · · · · · · · · · · · · · · ·	•			0		
s	15			ee benefits (Part IX, column (A		•			0		
Expenses			sing expenses (Part IX, c	(, column (A), line 11e)					0		
spe	17		sing expenses (Part IX, c ses (Part IX, column (A),		0	-	17	E10	E2 102		
ш	18			st equal Part IX, column (A), lin				,519 ,519	<u> </u>		
	19			e 18 from line 12				<i>,3</i> 1 <i>9</i>	41,119		
_ v	10		s expended. Oubliddt init				ning of Curre		End of Year		
Net Assets or Fund Balances	20	Total assets	(Part X. line 16)			-	-	5,302	45,306		
Asse I Bal	21			•••••				673	13,558		
Fund	22	Net assets o	r fund balances. Subtra	ct line 21 from line 20				,371)	31,748		
Par	t II	Signatu	re Block				•		·		
				eturn, including accompanying schedules officer) is based on all information of whi		t of my know	ledge and bel	ief, it is			
liue, c	oneci,				en preparer has any knowledge.						
<u>.</u>		LISA	G MOHLER								
Sign		Signatur	e of officer					Date	9		
Here	•		G MOHLER, TREAS	URER							
		,	print name and title								
<b>.</b>		Print/Type pre		Preparer's signature	Date		Check	X if I	PTIN		
Paid		DAVID L		DAVID L DUFFY CPA	04-25-20		self-em	ployed	P00367765		
Preparer         Firm's name         ►         DAVID         DUFFY         CPA         PLLC         Firm's EIN         ►											
Use	Uni	Firm's addres		OODWARD AVE STE 250		Ph	none no.	••• -	10 0010		
Ma				DAK MI 48067	<u>\</u>				42-8340		
				shown above? (see instructions	;) <b></b>	• • • • •	• • • • •	• • • • •			
FOR P	aperv	VOIK REQUCTION	on Act Notice, see the s	eparate instructions.					Form <b>990</b> (2020)		

Form	n 990 (2020) <b>PONTIACS LITTLE ART THEATRE</b>	81-0860840 Page 2
Pa	It 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:	
	TO PROVIDE A COMMUNITY ARTS THEATER IN PONTIAC, MICHIGAN	
<u> </u>	Did the exceptedian undertake any elemificant program convises during the year which were not listed on the	
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
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	to others,
4a	(Code:) (Expenses \$52,323 including grants of \$) (Reven	
	ORGANIZATION WAS ABLE TO PROCURE AND REPURPOSE A VENUE; BEGAN SHOWCASING I AND CLASSIC MOVIES.	LOCAL PERFORMING ARTIST
4b	(Code:) (Expenses \$ including grants of \$ ) (Reven	ue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$ )
		,,
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses     52,323	,
EEA		Form <b>990</b> (2020)

Form	990 (2020) PONTIACS LITTLE ART THEATRE	81-08608	40	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	••••	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	••••	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	••••	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	••••	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
_	"Yes," complete Schedule D, Part I	••••	6		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>	••••	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		•		-
•	complete Schedule D, Part III	••••	8		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 pagatietien convidence? (f "Vec," complete Schedule D. Part IV		9		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	••••	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	••••	10		X
	VII, VIII, IX, or X as applicable.				
а					
u	complete Schedule D, Part VI		11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	••••	114	•	
5	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		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? If "Yes," complete Schedule D, Part IX		11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		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)? If "Yes," complete Schedule D, Part X		11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII		12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		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? If "Yes," complete Schedule F, Parts I and IV		14b		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? If "Yes," complete Schedule F, Parts II and IV		15		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? If "Yes," complete Schedule F, Parts III and IV		16		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? If "Yes," complete Schedule G, Part I See instructions	• • • • • •	17		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? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	• • • • • •	19		x
20 a			20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	• • • • • •	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		x

Form	990 (2020) PONTIACS LITTLE ART THEATRE	81-08608	40	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • • • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • • • •	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	••••	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	••••	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	••••	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		054		
00	If "Yes," complete Schedule L, Part I	• • • • • • • •	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	•••••	26		x
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		21		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
ŭ	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
•	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M.		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
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? If "Yes," complete Schedule R, Part L		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		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)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		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? If "Yes," complete Schedule R, Part VI	• • • • • • •	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	X	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • •	•••		
		I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	• • • • • • •	1c	X	

Form	990 (2020) PONTIACS LITTLE ART THEATRE 81-086	0840	F	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	• 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	• 4a		X
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	• 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	• 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	• 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282?	• 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	• ///		X
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 8		
9	Sponsoring organizations maintaining donor advised funds.	• •		
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:	. 55		
.u a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

Form	990 (2020) PONTIACS LITTLE ART THEATRE 81	-08608	40	Р	age 6
Pa	rt 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 in	nstruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	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 on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	• • • •	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_		
	one or more members of the governing body?	• • • •	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-71-		
•	stockholders, or persons other than the governing body?	• • • • •	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
-	the year by the following:		00		
a k	The governing body?	• • • • •	8a 0h	<u>x</u>	
ь 9	Each committee with authority to act on behalf of the governing body?	••••	8b	X	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	••••	9		X
000	ACT D. I ONCICS (This Section D requests information about policies not required by the internal nevertue code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done.		12c		
13	Did the organization have a written whistleblower policy?		13		x
14	Did the organization have a written document retention and destruction policy?		14		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?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		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?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	• • • •	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 I Upon request Other (explain on Schedule O)				
19	Describe on 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				
	LISA MOHLER (248)722-0174, 47 N SAGINAW STREET, PONTIAC, MI 48342				

Form 990 (202	0) PONTIACS LITTLE ART THEATRE	81-0860840	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employee	es, and
	•		•••□
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with d tax year.	or within the	

• 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.

See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title						nan one		Reportable	Reportable	Estimated amount
Name and the	Average hours					s both an /trustee)		compensation	compensation	of other
	per week		or and	u un	00101	/1100100)		from the	from related	compensation
	(list any	우크	_	d	7	е д	T	organization	organizations	from the
	hours for	r diri	Istitu	Officer	Key employee	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual	ution	Ť	mp	byee	er			rolated organizations
	organizations	rus	altr		oyee	duo				
	below dotted line)	or director	Institutional trustee		Ű	Highest compensated employee	$\sim$			
			O			ated				
		ŀ								
(1) KAREN P JORGENSEN	4.00									
SECRETARY		x		x				0	0	0
(2) LISA G MOHLER	4.00									
VICE-PRESIDENT/TREASURER		x		x				0	0	0
(3) ROBERT KARAZIM	4.00									
PRESIDENT		x		x				0	0	0
(4)										
(5)										
<u></u>										
(6)										
•••										
(7)										
$[\eta]_{\dots$										
(0)										
(8)										
(0)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>	L									
(14)										
			· · · ·							Earre 000 (0000)

	90 (2020) PONTIACS LITTLE A	RT THEAT	RE							81-	086084	0	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	nd H	ligh	est Co	omp	ensated Employe	es (continue	d)			
	(A) Name and title	<b>(B)</b> Average hours per week	box,	unles	Pos eck m s per	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensatio from related	n I	con	(F) ated amo of other opensatio om the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orgar	organization a	
(15)														
(16)														
(17)	·													
<u>(18)</u>														
(19) (20)														
(21)														
<u>(22)</u>														
(23)														
(24)														
(25)														
1b c	Subtotal	tion A	· · ·		•••	••	 	• •						
d	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wł	no re	eceive	d mo	ore than \$100,000	of				0
3	Did the organization list any former officer, direc	tor, trustee,	key en	volar	/ee.	or h	nighes	t con	npensated		Г		Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of r	le J for such	indivic	lual	•	••	• • •	•••	•••••	•••••	••••	3		x
4	organization and related organizations greater th	an \$150,000	)? If "Y	'es,"	con	nple	te Sch	nedul	le J for such			-		
5	individual	compensatio	on from	any	unr	elate	ed org	aniza	ation or individual	• • • • • •	••••	4		X
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Schea	lule J	l for	suc	h pers	son	•••••	•••••	•••	5		X
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp (A)	Densation for	ine cai	enua	ar ye	are	enaing	with	(B)		year.	(C)		
	Name and business addre	SS							Description of service	ces	Co	mpensa	ation	
2	Total number of independent contractors (includin	g but not lim	ited to	thos	e lis	ted	above	) wh	0					

received more than \$100,000 of compensation from the organization

Form 99		20) PONTIACS LITTLE ART	THEATRE			81-08608	40 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c					
ng G	d	Related organizations 1d					
iifts ar Al	е	Government grants (contributions) 1e					
s, G mila	f	All other contributions, gifts, grants,					
tion r Si		and similar amounts not included above 1f	84,174				
Sthe	g	Noncash contributions included in					
nd		lines 1a-1f 1g					
a C	h	Total. Add lines 1a-1f	· · · · · · · •	84,174			
			Business Code				
e	2a	ARTS AND ENTERTAINMENT	711110	123	123		
° či	b						
Ser	C						
Program Service Revenue	d						
ющ	e						
ā		All other program service revenue					
	g	Total. Add lines 2a-2f		123			
	3	Investment income (including dividends, interest, other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
	5	(i) Real	(ii) Personal				
	6a	Gross rents					
		Less: rental expenses . 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b>.</b>				
		Gross amount from (i) Securities	(ii) Other				
	10	sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
/en		Gain or (loss) 7c					
Re	d	Net gain or (loss)	•••••				
Other Revenue	8a	Gross income from fundraising					
đ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
		Less: direct expenses	-				
			•••••				
	98	Gross income from gaming activities, See Part IV, line 19 9a					
	h	Less: direct expenses					
			, ►				
	TUa	Gross sales of inventory, less returns and allowances 10	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
		······································	Business Code				
ŝ	11a	FACILITY RENTAL	531120	10,015	10,015		
non	b						
ella ven	С						
Miscellanous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		10,015			
	12	Total revenue. See instructions	· · · · · · · •	94,312	10,138	0	0

1

2

3

8b, 9b, and 10b of Part VIII.

# PONTIACS LITTLE ART THEATRE

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 . . . . . . . . • **(D)** Fundraising (B) Program service expenses (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . 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
6	Compensation not included above, to disgualified
	persons (as defined under section 4958(f)(1)) and
	persons described in section 4958(c)(3)(B)
7	Other salaries and wages
8	Pension plan accruals and contributions (include
	section 401(k) and 403(b) employer contributions)
9	Other employee benefits
10	Payroll taxes
11	Fees for services (nonemployees):
а	Management
b	
C	Accounting
d	
е	Professional fundraising services. See Part IV, line 17
f	Investment management fees
g	Other. (If line 11g amount exceeds 10% of line 25, column
0	(A) amount, list line 11g expenses on Schedule O.)
12	Advertising and promotion
13	Office expenses
14	Information technology
15	Royalties
16	Occupancy
17	Travel
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
23	
24	Other expenses. Itemize expenses not covered
	above (List miscellaneous expenses on line 24e. If
	line 24e amount exceeds 10% of line 25, column
	(A) amount, list line 24e expenses on Schedule O.)
а	EQUIPMENT RENTAL
b	EVENTS/ENTERTAINMENT
С	SUPPLIES
d	FACILITIES MAINTENANCE
е	All other expenses
25	Total functional expenses. Add lines 1 through 24e
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 $\blacktriangleright$ if

•				
•				
•				
•				
•				
•				
•				
•				
•	713		713	
•				
•				
• nn				
	4,356	4,199	157	
	7,442	7,442	157	
	.,	,,		
•				
•	26,725	26,725		
•				
•				
•				
	661	661		
•				
	1,350	1 250		
	967	1,350 967		
	3,437	3,437		
_	3,940	3,940		
	3,602	3,602		
•	53,193	52,323	870	0

Form 990 (2020)

following SOP 98-2 (ASC 958-720)

. . .

		Check if Schedule O contains a response or note to any line in this Part X		• • • •	• • • • • • • • • • •
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,473	1	41,457
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,148			
	b	Less: accumulated depreciation 10b 1,299	3,829	10c	3,849
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,302	16	45,306
	17	Accounts payable and accrued expenses	90	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
SS	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	15,583	24	13,558
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,673	26	13,558
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anci	27	Net assets without donor restrictions	(9,371)		31,748
Balá	28	Net assets with donor restrictions		28	
lpu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
s or	29 20	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30 21	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31 32	Retained earnings, endowment, accumulated income, or other funds	(0. 371)	31 32	31 740
Net	32 33	Total liabilities and net assets/fund balances	<u>(9,371)</u> 6,302	32	<u> </u>
	55		0,302	55	43,300

Form 990 (2020) PONTIACS LITTLE ART THEATRE

**Balance Sheet** 

Part X

EEA

Form 990 (2020)

81-0860840

Page 11

Form	990 (2020) PONTIACS LITTLE ART THEATRE	81-086084	0	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			• • •	•
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		94,	312
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		53,	193
3	Revenue less expenses. Subtract line 2 from line 1	. 3		41,	119
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		(9,	371)
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		31,	748
Pa	rt 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: 🕱 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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?		3a		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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCH	EDUL	E A	
(Form	990 oi	r 990-EZ	'n

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Z)		aritable truct 2020
,	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt cl	aritable trust.

11

12

Department of the Treasury		of the Treasury	► Attach to Form 990 or Form 990-EZ.		Open to Public	
Internal Revenue Service Form990 for instructions and the latest information.				tion.	Inspection	
Name	e of th	e organization		Employer identifica	ation number	
PON	ITIA	CS LITTLE	ART THEATRE	81-08608	40	
Pa	rt I	Reason	for Public Charity Status. (All organizations must complete this part.) S	See instructio	ns.	
The	orga	nization 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	e, city, and state:			
5		An organizatio	n operated for the benefit of a college or university owned or operated by a governmental un	nit described in		
		section 170(b	)(1)(A)(iv). (Complete Part II.)			
6		A federal, state	e, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7		An organizatio	n that normally receives a substantial part of its support from a governmental unit or from the	e general public		
		described in <b>s</b>	ection 170(b)(1)(A)(vi). (Complete Part II.)			
8		A community t	rust 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 coll	ege	
		or university or	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or		
		university:				
10	Х	An organizatio	n that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and gros	S	

X An org 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.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported orga	inizations					• • • •
g Provide the following information ab	out the supported	organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		organization ur governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Sche		LITTLE ART				81-08608	<u> </u>
Pa	IT II Support Schedule for Organization						
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, ple	ease comple	te Part III.)	
_	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> 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						
Se	ction B. Total Support	1					
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.						
	Gross receipts from related activities, etc. (s	ee instructions	)			12	
	First five years. If the Form 990 is for the o						)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo	rt Percentage	е				
14	Public support percentage for 2020 (line 6, c			column (f))		14	%
15	Public support percentage from 2019 Sched	ule A, Part II, li	ine 14			15	%
16a	33 1/3% support test - 2020. If the organization	ation did not ch	eck the box on	line 13, and li	ne 14 is 33 1/3	% or more, che	eck this
	box and stop here. The organization qualified	es as a publicly	v supported org	anization			► 🗌
k	33 1/3% support test - 2019. If the organization	ation did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% or more	e, check
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	If the organiza	ation did not ch	eck a box on li	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets	the facts-and-c	ircumstances t	est, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the facts	and-circumsta	ances test. The	organization o	qualifies as a p	oublicly supported	ed
	organization						
k	0 10%-facts-and-circumstances test - 2019.	If the organiza	ation did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization m	eets the facts-	and-circumstar	nces test, chec	k this box and	stop here. Exp	olain
	in Part VI how the organization meets the fa						
	organization			-	=		_
18	Private foundation. If the organization did r	not check a boy	k on line 13, 16	a, 16b, 17a, or	17b, check th	is box and see	
	instructions						► 🗌

Sche	, , ,	LITTLE ART				81-086084	D Page 3
Pa	art III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	)		
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nization failed	l to qualify und	er Part II.
	If the organization fails to qualify	y under the te	sts listed bel	ow, please co	mplete Part I	l.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					84,174	84,174
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					100	100
•	organization's tax-exempt purpose					123	123
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	31,455	12,120	24,864	2,215	10,015	80,669
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						
	Total. Add lines 1 through 5	31,455	12,120	24,864	2,215	94,312	164,966
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.) • • • • • • • • • • • • • • • • • • •						164,966
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	31,455	12,120	24,864	2,215	94,312	164,966
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		•				
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	*					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	31,455	12,120	24,864	2,215	94,312	164,966
14	First 5 years. If the Form 990 is for the orga		/				
	organization, check this box and <b>stop here</b>						▶ □
Sec	ction C. Computation of Public Suppor						
15	· · · ·			column (f))		15	100.00 %
16	Public support percentage from 2019 Sched					16	100.00 %
_	ction D. Computation of Investment In			•••••	••••	10	100.00 /0
17	Investment income percentage for 2020 (line			ine 13 column	(f)) .	17	0.00 %
18	Investment income percentage for 2020 (intelligence of 2020 (intelligence of 2020)					18	0.00 %
	<b>1 33 1/3% support tests - 2020.</b> If the organiz					-	
130	17 is not more than 33 1/3%, check this box						
h	<b>33 1/3% support tests - 2019.</b> If the organiz	-	-	-			
0	line 18 is not more than 33 1/3%, check this						
	e re le net more than de 17070, ondek tills	and Stop I		a.on quam		, sapponou orge	

Ine 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization  $\triangleright$  **20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...  $\triangleright$ 

#### PONTIACS LITTLE ART THEATRE

Page 4

Part IV **Supporting Organizations** (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Schedule A (Form 990 or 990-EZ) 2020

	Ule A (Form 990 or 990-EZ) 2020         PONTIACS LITTLE ART THEATRE         81-086084           rt IV         Supporting Organizations (continued)         81-086084	~		age :
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	Nc
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
C	tion C. Type II Supporting Organizations			
			Yes	No
	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		
C	tion D. All Type III Supporting Organizations			
			Yes	No
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
С	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i>	/ (see ir	nstruc	tions
2		1-2-2-11	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	and cubotamilarly an of the organization of derivities during the tax year directly further the exempt pulposes of			

- 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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," 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

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 🗌	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov. 20, 1970 <i>(explai</i> l	n in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organiz	atior	is must complete Section	is A through E.
Sacti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section	on A - Aujusteu Net Income			(optional)
	let short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	dd lines 1 through 3.	4		
	Depreciation and depletion	5		
<b>6</b> P	Portion of operating expenses paid or incurred for production or collection			
0	f gross income or for management, conservation, or maintenance of			
р	roperty held for production of income (see instructions)	6		
7 C	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	explain in detail in <b>Part VI</b> ):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
<b>4</b> C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Aultiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
	djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 0.85 of line 1.	2		
	Inimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	nteg	rated Type III supporting	organization
	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 PONTIACS LITTLE ART THEAT				0840 Page 7				
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continue	d)					
Sec	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is respons	ive						
	(provide details in Part VI). See instructions.			8					
	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio	ns	(iii) Distributable				
		Excess Distributions	Pre-2020		Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
	Excess distributions carryover, if any, to 2020								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	From 2019								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
<u>i</u>	Carryover from 2015 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
-	Applied to 2020 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
7	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j and 4a								
8	and 4c. Breakdown of line 7:								
	Funda (1997) 0010								
	France (1999 0017								
	Funda (1997) 0010								
	Funda (1997) 0010								
	Evenes from 0000								
EEA	Excess from 2020			Scher	dule A (Form 990 or 990-EZ) 2020				
				Jonet	2020 - L2 2020				

Schedule A (For	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

OMB No. 1545-0047

(Form 990)		<ul> <li>Complete if the org Part IV, line 6, 7, 8, 9, 1</li> </ul>		2020	
_			Attach to Form 990.		Open to Public
•	rtment of the Treasury al Revenue Service		90 for instructions and the latest information	ation.	Inspection
	e of the organization			Employer identification	•
PON	TIACS LITTLE	ART THEATRE		81-0860840	
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	Inds or Other Similar Funds or Acco	ounts.	
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.		
	•	Ť	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year			
2	Aggregate value of	f contributions to (during year) • • • • •			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	t end of year •••••••••••			
5	Did the organizatio	n inform all donors and donor advisors in w	iting that the assets held in donor advised		
	funds are the organ	nization's property, subject to the organizatio	on's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organizatio	n inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	l	
	only for charitable p	purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose		
	conferring impermi	ssible private benefit?			Yes No
Pa	rt II Conserv	vation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	n (check all that apply).		
	Preservation o	f land for public use (e.g., recreation or edu	cation)	f a historically importa	nt land area
	Protection of n	atural habitat	Preservation or	f a certified historic st	ructure
	Preservation o	f open space			
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution in the form of a co	onservation	
	easement on the la	ist day of the tax year.		Held at t	he End of the Tax Year
а	Total number of co	nservation easements	• • • • • • • • • • • • • • • • • • • •	· · 2a	
b	Total acreage restr	ricted by conservation easements		. 2b	
С			ture included in (a)	. 2c	
d	Number of conserv	vation easements included in (c) acquired af			
		J	•••••••••		
3	Number of conserv	vation easements modified, transferred, rele-	ased, extinguished, or terminated by the org	anization during the	
	tax year ►				
4		where property subject to conservation ease			
5	-	ion have a written policy regarding the perio			<b>— —</b>
		prcement of the conservation easements it h			
6	Staff and volunteer	hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during	the year
_	►				
7		es incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	easements during the	year
~	► \$				
8			e satisfy the requirements of section 170(h)(4		
~	and section 170(h)				🔄 Yes 📋 No
9			n easements in its revenue and expense sta		
			e to the organization's financial statements th	hat describes the	
Do		ounting for conservation easements.	of Art, Historical Treasures, or C	thar Similar Aa	
Pa		•		Similar As	sels.
10		te if the organization answered "Yes" o		alanaa ahaat waxka	
1a	-		, not to report in its revenue statement and b		
		· ·	c exhibition, education, or research in further	ance of public	
<b>b</b>	•	Part XIII the text of the footnote to its finance		ana alanataulua af	
b	-	· ·	, to report in its revenue statement and balan		
			exhibition, education, or research in furtheran	ice of public service,	
	•	ng amounts relating to these items:		L (*	
	.,		• • • • • • • • • • • • • • • • • • • •		
2	• •				<u> </u>
2	-		sures, or other similar assets for financial gai	in, provide the	
	ionowing amounts	required to be reported under FASB ASC 9	Jo relating to these items.		

a Revenue included on Form 990, Part VIII, line 1

▶ \$

▶ \$

. . . . . . . .

_	ule D (Form 990) 2020 PONTIACS LITTLE AR			81-086		Page 2
-	rt III Organizations Maintaining Coll				Assets (co	ontinued)
3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use of its		
_	collection items (check all that apply):					
a	Public exhibition	d	Loan or exchange	programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's collection	ons and explain how they f	urther the organization's	s exempt purpose in Part		
	XIII.					
5	During the year, did the organization solicit or receiv				_	_
_	assets to be sold to raise funds rather than to be ma		rganization's collection?	•••••	••• Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arrangen			<b>a</b>		_
	Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line	9, or reported an an	nount on F	-orm
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian or ot				_	_
		•••••		•••••	•••• Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following table	e:			
				A	mount	
С	Beginning balance	•••••	••••	. 1c		
d	Additions during the year	•••••	• • • • • • • • • • •	• 1d		
е	Distributions during the year	••••	•••••••••	. 1e		
f	Ending balance	•••••		• 1f		
2a	Did the organization include an amount on Form 990					
b	If "Yes," explain the arrangement in Part XIII. Check	k here if the explanation h	as been provided on Pa	art XIII ••••••	<u></u>	•
Pa	rt V Endowment Funds.					
	Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line	10.		
	(a)	) Current year (b) Pr	ior year (c) Two year	s back (d) Three years bac	k (e) Four	years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year	ar end balance (line 1g, co	olumn (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment   %					
С	Term endowment   %					
	The percentages on lines 2a, 2b, and 2c should equa					
3a	Are there endowment funds not in the possession of	of the organization that ar	e held and administered	l for the		· · · ·
	organization by:					Yes No
	(i) Unrelated organizations				3a(i)	
	(ii) Related organizations	•••••			3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations I	listed as required on Scho	edule R?		3b	
4	Describe in Part XIII the intended uses of the organ	nization's endowment fund	ds.			
Pa	rt VI Land, Buildings, and Equipment	nt.				
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	11a. See Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Bool	k value
		(investment)	(other)	depreciation		
1a	Land					
b	Buildings					
с	Leasehold improvements					
d	Equipment		5,148	1,299		3,849
е	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X, colun	nn (B), line 10c.) • • •			3,849

EEA

Schedule D (Form 990) 2020

Part VII

## 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

### Part VIII Investments - Program Related.

**Investments - Other Securities.** 

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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
	•

 Part X
 Other Liabilities.

 Complete if the organiz

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) Fed	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 2	95.). ►

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sched		81-0860840	Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b ••••••• 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- I - I	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt 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.

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** 

Employer identification number

81-0860840

Department of the Treasury Internal Revenue Service Name of the organization

#### PONTIACS LITTLE ART THEATRE

#### 01. Amended return information

RETURN IS AMENDED TO REPLACE ESTIMATED INFORMATION ON ORIGINAL RETURN WITH ACTUAL.

#### 02. Form 990 governing body review (Part VI, line 11)

ALL GOVERNING MEMBERS ARE PROVIDED AN ELECTRONIC COPY OF THE RETURN PRIOR TO E-FILING, AND

ENCOURAGED TO REVIEW IT FOR QUESTIONS OR RECOMMENDED CHANGES PRIOR TO SIGNING THE FOR

8879.

03. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS THAT ARE AVAILABLE TO THE PUBLIC ARE THE ARTICLES OF ORGANIZATION AND ALL

INFORMATION THAT IS INCLUDED ON THE FORM 990.

### 04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

DISPOSITION OF LEASEHOLD IMPROVEMENTS -- \$46,671

_	4562		Depre	ciation	and A	mortiz	ation			OMB No. 1545-0172
Form	4302		-	ng Informa						2020
Departr	nent of the Treasury			<ul> <li>Attach to</li> </ul>	o your tax	return.				Attachment
	Revenue Service (99)	► G	io to <i>www.irs.go</i>	ov/Form45621				rmation.		Sequence No. 179
	) shown on return						this form relates			fying number
	IACS LITTLE			ممرينات والمرم		$\frac{990 - 1}{20}$			81-	-0860840
Par			e Certain Pro				valata Davit I			
1	Maximum amount	· · · · · · · · · · · · · · · · · · ·	listed property,						1	
2	Total cost of section	•							2	
3	Threshold cost of								3	
4	Reduction in limita								4	
5	Dollar limitation for								-	
	separately, see in						0		5	
6	· · · ·	(a) Description of p				usiness use only		c) Elected cost	1	
										]
7	Listed property. E	nter the amount f	rom line 29		• • • • •	7				
8	Total elected cost	•							8	
9	Tentative deduction								9	
10	Carryover of disal								10	
11	Business income								11	
12	Section 179 exper							•••••	12	
<u>13</u>	Carryover of disal						13			
Par	Don't use Part II		n Allowance			iation (D	on!t include	listed propert	ty So	o instructions )
14	Special depreciati							listed proper	ly. 3e	
14	during the tax year								14	
15	Property subject to								15	
16	Other depreciation	.,.	,						16	638
Par			on (Don't inc							
		•	•		ection A		,			
17	MACRS deduction	ns for assets plac	ed in service in t	ax years begin	ning befor	e 2020			17	
18	If you are electing	to group any as	sets placed in se	rvice during the	e tax year i	nto one or m	ore general			
	asset accounts, cl		<u></u>							
	Sectio	n B - Assets F	Placed in Serv			Year Using	g the Gener	al Depreciat	ion S	ystem
	(a) Classification of	property	(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	tment use	(d) Recovery period	(e) Convention	(f) Method	(g)	Depreciation deduction
<u>19a</u>	3-year property					_				
b	5-year property				680	5	MQ	SL		23
<u>د</u>	7-year property									
d e	10-year property									
-	20-year property									
-	25-year property					25 yrs.		S/L		
	Residential rental					27.5 yrs.	MM	S/L		
••	property					27.5 yrs.	MM	S/L		
i	Nonresidential rea	I				39 yrs.	MM	S/L		
	property						MM	S/L		
	Section	C - Assets Pla	ced in Service	During 202	0 Tax Ye	ar Using t	he Alternati	ve Deprecia	tion S	System
20a	Class life							S/L		-
b	12-year					12 yrs.		S/L		
С	30-year					30 yrs.	MM	S/L		
	40-year					40 yrs.	MM	S/L		
Par	t IV Summ	ary (See instr	ructions.)							
21	Listed property. E				• • • • •			• • • • • •	21	
22	Total. Add amour		•							
	here and on the ap						structions	• • • • • •	22	661
23	For assets shown	•								
	portion of the basi	s attributable to s	section 263A cost	ts			23			

Form 8879-EO		Signature Authorization Exempt Organization		OMB No. 1545-0047
		inning, and ending		
Department of the Treasury		d to the IRS. Keep for your records.		2020
Internal Revenue Service Name of exempt organization or pe		/Form8879EO for the latest information.	Taxpavor ident	ification number
	,		81-08608	
PONTIACS LITTLE A Name and title of officer or person s			01-00000	940
LISA G MOHLER, TR	EASURER			
Part I Type of R	eturn and Return Information	(Whole Dollars Only)		
Check the box for the return check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on the 1a Form 990 check here 2a Form 990-EZ check here 2a Form 990-EZ check here 3a Form 1120-POL check 4a Form 990-PF check here 6a Form 990-PF check here 6a Form 990-T check here 7a Form 4720 check here 7a	n for which you are using this Form 887 2a, 3a, 4a, 5a, 6a, or 7a, below, and the 2b, 3b, 4b, 5b, 6b, or 7b, whichever is ne applicable line below. Do not complet ► X b Total revenue, if any (For ere ► b Total revenue, if any (For ere ► b Total revenue, if any k here ► b Total tax (Form 1 ere ► b Tax based on invest e ► b Total tax (Form 8 re► b Total tax (Form 990- e ► b Total tax (Form 4720 con and Signature Authorization I declare that I am an officer of the mand accompanying schedules and state. I further declare that the amount in Par mediate service provider, transmitter, or an acknowledgement of receipt or react efund, and (c) the date of any refund. If nic funds withdrawal (direct debit) entry e federal taxes owed on this return, and is he U.S. Treasury Financial Agent at 1-5	9-EO and enter the applicable amount, if any e amount on that line for the return being file applicable, blank (do not enter -0-). But, if yc ete more than one line in Part I. rm 990, Part VIII, column (A), line 12) (Form 990-EZ, line 9) (Form 990-EZ, line 9)	d with this form bu entered -0- o <b>Tax</b> subject to tax w have examined nd belief, they a f the electronic r e return to the II reason for any d its designated the tax prepara s account. To re prior to the payr	<ul> <li>1b 94,312</li> <li>2b 94,312</li> <li>2b 94,312</li> <li>3b 94,312</li> <li>3b 94,312</li> <li>3b 94,312</li> <li>3b 94,312</li> </ul>
· ,		I in the processing of the electronic payment of issues related to the payment. I have selected		ive
		n and, if applicable, the consent to electronic		al
PIN: check one box only         X       I authorize         DAVI	D DUFFY CPA PLLC ERO firm name	to enter my PIN 60840 Enter five numbers, b do not enter all zeros		ature
state agency(ies)		dicated within this return that a copy of the ret ed/State program, I also authorize the aforem		
electronically filed	return. If I have indicated within this return	rganization, I will enter my PIN as my signatu um that a copy of the retum is being filed with , I will enter my PIN on the retum's disclosure	n a state agency	/(ies)
Signature of officer or person subje	ect to tax	Date	▶ 04-25-2	2021
	tion and Authentication			
•	our six-digit electronic filing identification	n		
number (EFIN) followed by	your five-digit self-selected PIN.	<u>38</u>	9832 409	915 ot enter all zeros
that I am submitting this re IRS <i>e-file</i> Providers for Bu	eturn in accordance with the requirement	ture on the 2020 electronically filed retum indints of <b>Pub. 4163</b> , Modernized e-File (MeF) Ir	icated above. I on formation for A	confirm Authorized
		in This Form - See Instructions n to the IRS Unless Requested To	Do So	
For Paperwork Reduction	n Act Notice, see instructions.			Form 8879-EO (2020)
EEA				

990			2020 Page 1				
Name(s) as shown on return	Overflow Statement	FEIN	Pāģē 1				
PONTIACS LITTLE ART T	THEATRE		81-0860840				
OTHER CONTRIBUTIONS AND GRANTS Description Amount							
CONTRIBUTIONS		\$	20,102				
GRANTS	Total:	_\$	64,072 <b>84,174</b>				
OTHER FEES FOR PROGRAM SERVICES							
Description			Amount				
CONTRACT SERVICES	Total:	_ <u>\$</u>	4,199 4,199				
	TOTAL:	∛	4,199				
OTHER MANAGEMENT & GENERAL							
Description			Amount				
BUSINESS REGISTRATION	1	<u>\$</u>	100				
BANK FEES	Total:	- <u>\$</u>	57 <b>157</b>				
	iotai.	¥					
OTHER PROGRAM SERVICE EXPENSES							
Description			Amount				
Description COMMISSIONS		\$	<b>Amount</b> 1,561				
TELEPHONE			1,217				
BOOKS, SUBSCRIPTIONS OTHER			<u>    110</u> 322				
FOOD			392 392 3,602				
	Total:	\$	3,602				

		AMT Current	9 8 9	661
<b>ZUZU</b> PAGE 1		Accumulated Depreciation	1,276	1,299
	Social security number/EIN 8 1 – 08 60 84 0	Current Depreciation	9 9 9	661
	Social sect 81-	Prior Depreciation	9	638
		Rate	14.286 55.55	
		Method	SL MQ	e3
Depreciation Detail Listing Program Services For your records only		Depreciable Life Basis	4, 468 05 5 1	5,148
		Bonus depreciation		
		Section 179	22.	
		Business percentage	100.00	
		Basis Adjustment		
		Cost	4,468	5,148
	IEATRE	Date	01032019	
for Section 199A calculations. See "UBIA" in lower right corner.	e(s) as shown on return PONTIACS LITTLE ART THEATRE	Description	ISP TECH	Totals
for Sec	Name(s) PON	No.		5 E