Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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

Depa Inter	artment of th	he Treasury e Service		Form 990 and its instruction					Inspection	ท		
Ā			ndar year, or tax year beginning			nd ending	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	. 20			
В			C Name of organization Audiubo		D Employe	er Identification numb	oer					
	Address o		Doing business as						0943658			
	Name cha		Number and street (or P.O. box if m		E Telephone number							
	Initial retur		800 Market Stre			563-2644						
_		inal return/terminated City or town, state or province, country, and ZIP or foreign postal code										
_	Amended		G Gross re	eceipts \$313,621								
	Application	n pending	F Name and address of principal office	: સ	50	025	H(a) is this a d	rouc return for :	subordinates? Yes	No		
			Linda Blomme, 2094	Kingbird Ave., Aud	noduľ	,IA			s Included? Tyes	_		
1	Tax-exem	pt slatus:) ⊀ (insert no.) ☐ 4947(a)	(i)or	527			list. (see instructions)			
J	Website:		semovietheater.com				H(c) Group	exemption	number >	•		
ĸ	Form of an	ganization:{	Corporation Trust Associa	ttion ☐ Other ►	L Year	of formation			of legal domicile: IC)Wa		
P	art l	Summa						-				
	1 E	an vitein	scribe the organization's miss	ion or most significant acti	vities:	to pro	ovide a	fforda	ble family			
ø			ed entertainment to t									
Activities & Governance	-											
el n	2 6	heck thi	s box ► ☐ if the organization	discontinued its operations	or dis	nosed of	more tha	1 25% of	ifs net assets			
õ			of voting members of the gove	•		•		3	9			
প্র			of independent voting member		•				9			
83			ber of Individuals employed in					5	0			
5			ber of volunteers (estimate if			zaj .		6				
Ç			elated business revenue from					7a	50 0			
~			ated business taxable income		٠.			7b	0			
	- U 1	vot union	ated positiess tevable income	1101111 01111 000-1, 11110 04		' ' '	Prior Y		Current Year			
	8 (?natribut	iona and arente (Bart VIII) line	463		\vdash	0		279,,534			
Revenue	8 Contributions and grants (Part VIII, line 1h)											
Ven		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					- ŏ-		22,781 0			
æ		Bive suffert brothe (Fart vin, column (A), lines 5, 4, and 70)							,			
	L		•				<u> </u>		28,858			
			nue add lines 8 through 11 (r				0		331,173			
•			nd similar amounts paid (Part I			• •	0		0			
			oald to or for members (Part I)				0_					
88			other compensation, employee	. 0								
Expenses		•	nal fundraising fees (Part IX, c				() 23.0002555	239035639656	0	erenania Peranania		
X			iraísing expenses (Part IX, col							至2000年		
			enses (Part IX, column (A), IIn			∵⁺⊢	0		110 020.			
	I.	•	enses, Add lines 13–17 (must) ·	0		118,820			
		Revenue	less expenses. Subtract line 1	8 from line 12	· ·		0		212,353			
S 01						Бе	ginning of C	orrent Year	End of Year			
age Egg	20 7		ets (Part X, line 16)			• • 📙	0		326,739.			
Net Assets or Fund Balances	21 7		liities (Part X, line 26)			· · _	0		0			
			s or fund balances. Subtract I	ine 21 from line 20		<u> </u>	0		326,739,	·		
-	art (i		ure Block									
Un	der penalti	es of perjur	y, I declare that I have examined this ste. Declaration of preparer (other than	return, including accompanying so	hedules	and stateme	ents, and to	the best of a	my knowledge and be	alief, It Is		
	e, conect,				TOT WINC							
۵.			on Community Cinema	BY: JU SIN		, to	<u> Januarea</u>	<u>515-</u>	-2017			
Sig		Signa	eture of officer	/			D	ate				
He	Here Steven Shaffer, treasurer											
	Type or print name and title											
Pa	id	Print/Typ	oe preparer's name	Preparer's signature		Date		Check				
Preparer self-empl						ployed						
Use Only Firm's name Firm's EIN F												
		Firm's ac						one no.				
			this return with the preparer		(ions)	. , .	· · ·		Yes [
For	Pananur	ork Roduc	ation Act Matica, see the senare	te instructions		Cat No.	11282		Form 991	0 (2016)		

Form 99	90 (2016) Page 2
Part	
	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 affordable family oriented entertainment
	to the Greater Audubon County (Iowa) area.
	<u> </u>
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
4¢	(Code:)(Expenses \$ including grants of \$)(Revenue \$)
40	(Code/Expenses v
4d	Other program services (Describe in Schedule C.)
10	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2016)

?art	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	ж	
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		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, Part II	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		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part tV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	307148
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ď	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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	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 \cdot	11f		х
	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parls 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)(ti)? If "Yes," complete Schedule E	13		X
	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	Old 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	ļ	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х

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Part	Checklist of Required Schedules (continued)		V	-
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
∠∪a b	, , , , , , , , , , , , , , , , , , , ,	20a 20b		X
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 17 if "Yes," complete Schedule I, Parts I and II	21		<u>х</u>
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, Ilne 3, 4, or 5 about compensation of the			
LO	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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		x
	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		x
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	2 4d		x
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		ж
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>x</u>
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L., Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		x
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 I	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
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Pari				- -
	Check If Schedule O contains a response or note to any line in this Part V			. 🗀
			Yes	Nο
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			
b	Enter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		X
2a	Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 35, provide an explanation in 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		l	ĺ
	account)?	4a		X.
þ	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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			T
	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		l
. 7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods			
	and services provided to the payor?	7a		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			x
	required to file Form 8282? , ,	7c	ļ.,,	Į
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 9		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
ĝ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ <u>.</u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-G?	7h	\$-15ar-201	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	2400	X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X2550000	X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b L	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		34	
a b	Gross income from members or shareholders ,			
J				
40-	against amounts due or received from them.)	22.5		
12a b		12a	200 VI 100 VI 100 VI	Securence
	1.12-1			
13	Section 501(c)(29) qualified nonprofit health insurance Issuers. Is the organization licensed to Issue qualified health plans in more than one state?	10		1200
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a	1 1825/2004	: Exerce
l ₂	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	The state of the s	14a	Section 6	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	+	+
	a 100, made in model to this to to report alloco payments: in the provide an explanation at objectile C.	140		1

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			ions.
Sect	ion A. Governing Body and Management	· ·		<u> 1871</u>
	and the state of t		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	2.3		
	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		9 8	40
_	committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 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	- <u>-</u> -		
	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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		x
6 70	Did the organization have members or stockholders?	6		х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		ļ
D	stockholders, or persons other than the governing body?	75		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	x	
ь	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 in Schedule O	9	١. '	x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	L,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X.	E-SPECIES.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		x	
	describe in Schedule O how this was done	12c	^	
13	Did the organization have a written whistleblower policy?	13		_X
14 15	Did the organization have a written document retention and destruction policy?	14		X
10	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	10000-1000	X
ь	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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	的差别的	See 1
b	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	2554301	2,232
Secti	on 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 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
	Own website Another's website Upon request Other (explain in Schedule O)		**	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Steve Shaffer, 1011 Grandview Drive, Audubon, IA 50025 712-563-4443	cords	►	

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

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

Ill ist 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.

Edist 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.

間上st 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.

IEList all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the grantzation nor any related organization compensated any ourselves of trustees or trustees.

Check this box if neither the organization no	r any relate	d org	aniz			eqmo	nse	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Average box, unless person is both a officer and a director/trustee		an ee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other			
	hours for related organizations below dotted line)	or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Linda Blomme	2							0	0	0
Director, President	3	X		x	_					
Director, Vice President	2	x		x				0;,	0	0
(3) Josh Ellingson Director, Secretary	†	x		х				0	0	0
(4) Steve Shaffer Treasurer	2			x				0	0	0
(5) Margee Shaffer Director	2	х				-		0	0	0
(6) Kate Hargens Director	2	х	_					0	0	0
(7) Tim Andersen Director	4	x					_	0	0	0
(8) Kurt Johnson	5			-			-	0	0	0
Director (9) Jane Weber	2	х	-		<u>-</u>		-			
Director (10) Virginia Mannanah	1	х		-			_	0	0	0
(10) Virginia Mennenoh		x	<u>.</u>	_		<u> </u>		0	0	0
			_							
(12)							_	<u></u>		
(13)										
(14)				-	-		_			
		L			<u>!</u>	1			<u> </u>	

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd f	lighe	st C	ompensated E	mployees	(continu	ied)
	(c)											
	(A)	(B) Position (do not check more than or				อกจ	(D)	(E)	Ì	(F)		
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportat compensatio		Estimated amount of
		week (list any		_		_			from	related		other
		hours for related	Individual to or director	nstitutional	Officer	Keye	향동	Former	the organization	organizati (W-2/1099-)		compensation from the
		organizations below dotted	cto	tion	-	employee	yee c	4	(W-2/1099-MISC)			organization and related
		lina)	frustee	E T) ye	Highest compen employee				l	organizations
			8	trustee			nsated					
		ļ				_	8.	<u> </u>				
(15)	1 887 8 48 88 87 84 84 84 84 84 84 84 84 84 84 84 84 84											
(16)	AW	 				⊢		H				
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(17)		<u> </u>										
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(18)	·~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										-	
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(24)												
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(25)												
1b	Sub-total			_				>	0	0		0
c	Total from continuation sheets to Part							>	, ,	vV		
d	Total (add lines 1b and 1c)					<u></u>		<u> </u>	0 ,	0		0
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above) W	ho received mo	ore than \$1	00,000	of
	reportable compensation from the organi	zation 🕨										
3	Did the organization list any former of	ficer direct	tor o	r tr	iste	φ.	kev e	mn	lovee, or biab	est compe	ensated	Yes No
3	employee on line 1a? If "Yes," complete \$											3 X
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	per	satio	ηа	nd other comp	ensation fr	om the	
	organization and related organizations									edule J fo	r such	
	indlyfdual											4 X
5	Did any person listed on line 1a receive of for services rendered to the organization?	raccrue co	mper	nsat ofor	lon Sch	tror	n any	un	related organiz	ation or inc		5 X
Cooffe	on B. Independent Contractors	11 100, 0	Onlyst	510	SUII	eu u	1001	VI 0	dell berson	· · · · · · ·	• •] 5 A
1	Complete this table for your five blobest of	compensate	ed Ind	epe	ende	ent	contra	acto	ors that receive	d more tha	n \$100	0,000 of
•	compensation from the organization. Rep	ort comper	rsatio	n fo	r th	e ca	alend	ar y	ear ending with	h or within	the org	anization's tax
	year.											
	(A) Name and business adda	-cee					- 1		(B) Description of se	enices		(С) Compensation
	Ivanie and Dramess and	tas						-	Description or se	JI VICUS		- Compensation
						-	•					
]				en rai di ance	Anna sanggaran kalandari sanggaran da sa
2	Total number of independent contracto	rs (includin	g bul	t no	ot li	imite	ed to			ve) who		
	received more than \$100,000 of compensations	t mort nous	ne org	jani	Z#1	OII ,		_	0			Form 990 (2016)
												FURIT 850 (2016)

Part X: Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX XX. Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (C) Management and general expenses (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 0 0 2 Grants and other assistance to domestic Ò 0 Individuals, See Part IV, line 22 Grants and other assistance to foreign Ò 0 organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 . . . Benefits bald to or for members , . , , 0 0 5 Compensation of current officers, directors, 0 0 O trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and 0 0 0 0 persons described in section 4958(c)(3)(B) Ω Other salarles and wages , . . . 0 Ō 0 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0 0 Other employee benefits 9 0 0 0 0 10 0 0 ñ n Fees for services (non-employees): 11 0 0 0 0 0 0 h ດ 0 0 o Ô ō ď Ö 0 Professional fundraising services. See Part IV, line 17 ō 0 Investment management fees 0 0 0 $\overline{0}$ Other. (If line 11g amount exceeds 10% of line 25, column g 0 0 0 Q (A) amount, list line 11g expenses on Schedule O.) . . . Advertising and promotion 12 1452 1452 ō Office expenses ō 396 13 396 ō Information technology 14 ō 0 0 σ 0 O 15 0 0 16 825 a 825 Ō Travel . . ō 17 0 0 0 18 Payments of travel or entertainment expenses 0 0 0 0 for any federal, state, or local public officials Conferences, conventions, and meetings . Ö Ō 19 0 0 20 0 0 0 Ö 21 Payments to affiliates 0 n 0 0 22 Depreciation, depletion, and amortization . 0 0 0 1211 0 23 1211 n Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) IRS filling fee for 501(c)3 400 400 Building Purchase 17,500 17,500 b n 62,136 Building Demolition/Remodeling 62,136 ñ C 3,600 0 3,600 0 ď Supplies 31,300 31,300 All other expenses . Equipment 0 0 118,820 Total functional expenses. Add lines 1 through 24e 118,820 0 25 Joint costs. Complete this line only if the organization reported in column (B) Joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	990 (201						·	Page 9		
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
Salado Pro-	A irogramit	Check if Schedule () contains a res	ponse or note t				<u> </u>		
	S MALE				(A) Total revenue	(8) Related or	(C) Unrelated	(D) Revenue		
						exempt function	business revenue	excluded from tax under sections		
			Section 18 Control			revenue	(575,000	under sections 512-514		
ats ste	1a	Federated campaign	1~~							
S S	b	Membership dues .	<u>1b</u>					Emilia de la companya		
S, S	C	Fundraising events .	<u>1c</u>							
의(t	ď	Related organizations	s 1d	}			Land Street			
ž. E	e	Government grants (cor	ntributions) 1e							
<u>15</u> 85	f	All other contributions, g	giffs, grants,			100				
the the		and similar amounts not in	duded above 1 f	279,534						
들은	g	Noncesh contributions indu	ded in lines 1a-1f: \$	·						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total, Add lines 1a-1	if	. , . , ≻	279,534					
	1	increase on fu	nds held	Business Code		Section 1981				
16	2a	at community for	oundation	711110	22,781	0	0	22,781		
æ	b				0	0	0	0		
<u>8</u>	c				0	0	0	0		
er.	d				0	0	0	0		
É	e				0	Ö	0	0		
Program Service Revenue	f	All other program ser	vice revenue.		0	Ŏ	Ö	0		
P.	g	Total, Add lines 2a-2		<u> </u>	22,781					
	3	Investment income		ends, interest.	ļ.					
		and other similar amo			0	0	0	0		
	4	Income from investmen	•		0	0	0	0		
	5	Royalties	cor can onompro)	0	Ö	ŏ	0		
	١	rioyonioo	(i) Real	(ii) Personal						
	6a	Gross rents								
	b	Less: rental expenses								
	C	Rental income or (loss)								
	ď	Net rental income or	(loss)	<u> </u>	0	0	0	0		
	7a	Gross amount from sales of	(I) Securities	(ii) Other						
	٠. ۳	assets other than inventory								
	ь	Less: cost or other basis								
		and sales expenses .		1						
	_	Gain or (loss)								
	d	• •	L	J	0	0	0	0		
	u	Net gain or (loss)		,						
စ္	8a	Gross income from fu	ındrajeina							
Other Revenue	O.	events (not including \$	atoraiang			100				
Ş		of contributions reporte	ad on line 1a)							
E		·	a on the rep	31,063						
를		Less: direct expenses								
Θ	b	Net Income or (loss) f			25,834		0	2E 024		
	c 9a	Gross income from ga		events	CO COT			25,834		
	эa		-							
- {	١.	• • • • • • • • • • • • • • • • • • • •	~							
1	р	Less: direct expenses Net income or (loss) fa	s b	vities ⊁	0	0	0	0		
	C 100			VICIOS	0	CONTRACTOR OF THE PARTY OF THE				
	ıva	Gross sales of in returns and allowance		2 024						
				3,024						
	b	Less: cost of goods s			3,024	0	0	3,024		
ļ	С	Net income or (loss) fi Miscellaneous R		entory Business Code	Specimental	0	0	3,024		
		Miscellaneous R	evenue	DUSINESS CODE						
	11a									
ļ	b	***************************************		ļ						
1	C									
	d	All other revenue .		L	ļ -	Seather Hall Control of the Control	Waster to Proportion of the Control	and the second s		
	е	Total. Add lines 11a-		. , 🟲	0 271 477		0	51 620		
	12	Total revenue, See in	etructions		331,173	0	0	51,639		
								Form 990 (2016)		

Form 990 (2016)
Balance Sheet

ŝ.	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	189,573
	2	Savings and temporary cash investments	0	2	150
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	Ö	4	Ŏ
	5	Loans and other receivables from current and former officers, directors,	ž g		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section		300	
		4958(f(1)), persons described in section 4958(c(13)B), and contributing employers and	eration are sufficient		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ	j	organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ď	8	Inventories for sale or use	0	8	n
	9	Prepaid expenses and deferred charges	0	9	0 202
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 114,033			
	b	Less: accumulated depreciation 10b 0	. 0	10c	114,033
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, Ilne 11	0	12	0_
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
257	15	Other assets, See Part IV, line 11	0	15	22,781
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	326 , 739
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	. 0	18	0.
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	O
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0		
iabilities	00	· · ·	0	22	0
	23 24	Secured mortgages and notes payable to unrelated third parties	0	23	0
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	0
	20	parties, and other liabilities not included on lines 17-24). Complete Part X	0		U
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
_		Organizations that follow SFAS 117 (ASC 958), check here ► □ and		1.45	
စ္		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	0	27	326,739
3818	28	Temporarily restricted net assets	0	28	0
ю	29	Permanently restricted net assets	0	29	Ö
'n		Organizations that do not follow SFAS 117 (ASC 958), check here > and			
ř		complete lines 30 through 34.			A Country of the Country
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0	30	0
S	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ą	32	Retained earnings, endowment, accumulated Income, or other funds.	0	32	0
ě	33	Total net assets or fund balances	0	33	326,739
	34	Total liabilities and net assets/fund balances	0	34	326,739
					Form 990 (2016)

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Page	J	1

Form 9	990 (2016)		Page 12
:Par	KIN Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	331,173
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,820
3	Revenue less expenses. Subtract line 2 from line 1	3	212 , 353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities ,	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	114,386
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		205 720
	33, column (B))	10	326,739
Par	XII. Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		

-art	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			數學
b	Were the organization's financial statements audited by an independent accountant?	2b		х
	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			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
-	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3а	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
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2016

➤ information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. Employer identification number

Audubon Community Cinema 81-0943658 Organization type (check one): Filers of: Section:) (enter number) organization 録 501(6)(3 Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See Instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 601(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Page 2
Employer Identification number
81-0943659

	Audubon Community Cinema		81-0943658
Part :	Contributors (See instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robert and Linda Blomme 2094 Kingbird Ave. Audubon, IA 50025	\$ 25,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Omaha Community Foundation 302 S. 36th St., Ste. 100 Omaha, NE 68131	\$ 65,000.00	Person [X] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Audubon State Bank Charitable Foundation PO Box 149 Audubon, IA 50025	\$ 50,225.00	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Appo Feeders, LLC 508 Market Street Audubon, IA 50025	\$ 49,975.00	Person XX Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Steve and Jane Schmitz 2122 180th Street Audubon, TA 50025	\$ 10,007.00	Person \(\text{\foints}\) Payroli \(\text{\ti}\}\text{\text{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\text{\texi}\text{\text{\texi{\text{\texi{\texi{\texi{\te\tint}\text{\text{\texi{\texi{\texi{\texi\texi{\texi{\texi}\tex{\texi{\texi{\texi{\texi{\texi}}\texi{\texi{\texi{\texi{\ti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Audubon Masonic Association, Inc. 318 Freeman Ave. Audubon, IA 50025	\$ 5,000.00	Person 🔀 Payroll 🔲 Noncash 🔲 (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Page 3
Employer Identification number 81-0943658 Audubon Community Cinema

Parti	Noncash Property (See instructions). Use duplicate cop	ples of Part II if additional spac	ce is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		<u> </u>	Printerpassananasananananananananananananananan	

Audubon Community Cinema

Employer identification number 81–0943658

Part III	(10) that total more than \$1,000 fo	etc., contributions to orga or the year from any one o ations completing Part III, a the year. (Enter this informa	contributor. c enter the tota	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
,				
	Transferee's name, address, a	(e) Transfer of	_	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				A
-	Transferee's name, address, a	(e) Transfer of	•	iship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule D (Form 990) 2016 Sart XIII Supplemental Information (continued)						
Part XIII	Supplemental Information (continued)					
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	1 Title rate resumment a mars a manuscript of a suppression of the St.					
		Schedule D (Form 990) 2016				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.goviform990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	Audubon Community Cir		81-0943658
Par		lvised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t	he organization's exclusive legal contr	rol? Yes 🗌 No
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the ben- conferring impermissible private benefit?	efit of the donor or donor advisor, or	for any other purpose
Par			
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recret Protection of natural habitat Preservation of open space	ation or education)	of a certified historic structure
2	Complete lines 2a through 2d if the organization is easement on the last day of the tax year.	neld a qualified conservation contributi	On in the form of a conservation Held at the End of the Tax Year
а	Total number of conservation easements		
	Total acreage restricted by conservation easemer		
c	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in historic structure listed in the National Register		2d
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy reviolations, and enforcement of the conservation e	asements it holds? ,	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe-		
7	Amount of expenses incurred in monitoring, inspect > \$		
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easen	of the footnote to the organization's finents.	nancial statements that describes the
Pari	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	<u></u>
ta	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, e footnote to its financial statements th	ducation, or research in furtherance of at describes these items.
đ	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the control of the control o	ar assets held for public exhibition, e uting to these items:	ducation, or research in turtherance of
2	(i) Revenue Included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other similar SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items:
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> ▶ \$</u>
For Pa	perwork Reduction Act Notice, see the Instructions for	or Form 990, Cat, No. 5228	3D Schedule D (Form 990) 2016

	•						
	• .					• •	
Schedu	de D (Form 990) 2016						Page 2
I A		Collections of	Art Histor	rical T	reasures or O	than Similar Acc	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther records	, chec	k any of the follo	wing that are a sig	nificant use of its
a	Public exhibition		4 🗆	Loan	or exchange prog	arame	
b	Scholarly research					31 ct () 12	
	☐ Preservation for future generations	s	•	Giller			
4	Provide a description of the organization		and explain	how t	nev further the or	canization's exem	of purpose in Part
	XIII.			,,,,,,	(0) 14(1) 10 110 01	garazaton o oxom	pr parposo iii i air
5	During the year, did the organization	solicit or receive	donations i	of art.	historical treasure	es or other similar	•
	assets to be sold to raise funds rather	r than to be maint	ained as par	t of the	organization's c	oilection?	Yes No
Par			<u> </u>				1 103 1110
	Complete if the organization		an Form	990. F	Part IV. line 9. or	reported an ami	ount on Form
	990, Part X, line 21.	/- 11 -1 -1 -1 -1			a, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Topoliou all all	
1a	Is the organization an agent, trustee	, custodian or oti	her intermed	lary fo	or contributions of	r other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in P						□ .co □ !to
					<u> </u>	An An	ount
c	Beginning balance	.			1	c	
ď	Additions during the year				1	d	
е	Distributions during the year				, _	е	
f	Ending balance	. <i>.</i>			1	f	
2a	Did the organization include an amoun	nt on Form 990, F	art X, line 2	i, for e	scrow or custodla	al account liability?	Yes No
b	if "Yes," explain the arrangement in P						
* Par	t V. Endowment Funds.						
	Complete if the organization	answered "Yes	" on Form	990, F	Part IV, line 10.		
		(a) Current year	(b) Prior y	ear	(c) Two years back	(d) Three years back	(e) Four years back
ta	Beginning of year balance	0					
b	Contributions	22,500					
C	Net investment earnings, gains, and	281					
	losses						
d	Grants or scholarships	0					
е	Other expenditures for facilities and	0					
	programs						
f	Administrative expenses	75					
g	End of year balance	22,706					
2	Provide the estimated percentage of t	the current year e	nd balance (line 1g	, column (a)) held	as;	
	Board designated or quasi-endowmer	nt 💆 100	%				
þ	Permanent endowment	%					
C	Temporarily restricted endowment	MANAGET					
0-	The percentages on lines 2a, 2b, and			er i de i			
3a	Are there endowment funds not in the organization by:	e possession of t	ne organiza:	tion tha	at are held and a	aministered for the	
	•						Yes No
	(i) unrelated organizations						3a(i) x
1.	(II) related organizations						3a(ii) x
b	If "Yes" on line 3a(ii), are the related of						3b
Par	Describe in Part XIII the intended uses Land, Buildings, and Equip		on s endow.	Henr R	anus.		···-··-
ME!	Land, buildings, and Equip	MUGHE"					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value 0
1a Land	0	17,500		17,500
b Buildings	0	0	0	0,,000
c Leasehold improvements	. 0	0	0	0
d Equipment	0	31,300	0	31,300
e Other . , ,	Ō	65,233	0	65,233
al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	Oc.)	114,033

Part VII	Investments—Other Securities				000 B 13/ II 10
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	у	(b) Book value		hod of valuation: -of-year market value
(1) Financia					
	neld equity interests				
(3) Other					
(A)	<u></u>				
(B) (C)	**************************************				· · · · · · · · · · · · · · · · · · ·
(D)	q			<u> </u>	
(E)					
(F)				 	
(G)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			 	
(H)	78				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments-Program Relate	d.	1	design to the second second second	The state of the s
	Complete if the organization ans		rm 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
	(a) Description of Investment		(b) Book value	(c) Me	thod of valuation; -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
				ļ	
_(8)					
(9) Total (Column d	o) must equal Form 990, Part X, col. (B) line 13.)				
Part X	Other Assets.		L	Industrial Control of the Control of	
LK:III-T/A	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		1 (0) (1 - 4 (0)			
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<i></i>		
Part X	Other Liabilities.	1 (5) (000 D-+ N/ II-	- 44" ="44 £ O="	- Farm OOO Dark V
	Complete if the organization ans	werea "Yes" on For	m 990, Pan IV, III	e He or Hr. Sec	e roini eeu, ran A,
	line 25.	(b) Book value	PROPERTY (1997)		
1. (1) Federal In	(a) Description of liability	(b) Book value			
(1) recerai in (2)	come taxes				
(3)					
(5)					
(6)					
(7)					
(8)		-			
(9)					
) must equal Form 990, Part X, col. (B) line 25.) 🕨				
2. I jability for	uncertain tax positions. In Part XIII, provi	ide the text of the footn	ote to the organizatio	n's financial stateme	nts that reports the
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of t	he footnote has bee	n provided in Part XIII 🔲
		· · · · · · · · · · · · · · · · · · ·			Schedule D (Form 990) 2016

Schedu	e D (Form 990) 2016						Page 4
«Pari	Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue per	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, F						
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:				2029		
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
Ç	Recoveries of prior year grants	2c					
ď	Other (Describe in Part XIII.)	2d					
e							
3	Add lines 2a through 2d				2e		
	Subtract line 2e from line 1	i	• • • •		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1				5		
Part					r Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV	, line 12a	1.			
1					1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities ,	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
e					2e		
3	Subtract line 2e from line 1		- ' '		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĬÌ					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b					1	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 401			4c		
	XIII Supplemental Information.	= 10. <i>j</i> .		····	5		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4 120	of D. Ilman	th and Ob	. 17	11 fine 4. C	1 × 11 ···
	. XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t						art A, ane
ine :	intended use of The Rose Theater Endowed Fund is th	ne or	going	support	of .	the char	ritable
or o	perational purposes of Audubon Community Cinema						
	**************************************			·			
-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	enement VIII bish bish bish in a problem minbish dan merember da bish kabu pengangan merembah bish da bada da b						
				4 W.Y			······

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization enterted more than \$15,000 on Form 990-EZ, line 6a.

> Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

2016 Open to Public Inspection

OMB No. 1545-0047

Audubon Community Cinema 81-0943658

Part I. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Employer Identification number 81-0943658

1 a b c	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form	ทธ	e 2⊆ f 2⊆	Solicitati Solicitati	on of non-governi on of government	ment grants	
b d	Internet and email solicitatio Phone solicitations In-person solicitations		f ₹2	Solicitati	on of government		
c d	Phone solicitations In-person solicitations					grants	
d	In-person solicitations		g fx̄				
	ni tuti			Special t	undraising events	i	
	Did the organization have a writ			لمائية المسائيين	had dealeding office	oare directore trust	ees
2 a		ten or oral agre	ement with a	any individ	uai (including onli vith professional f	undraising services?	Yes ⊠ No
	or key employees listed in Form If "Yes," list the 10 highest paid	990, Part VIII o	renuty in co	roloom) or	revent to arreem	ents under which th	e fundraiser is to be
b	ompensated at least \$5,000 by	individuals of t	ພ ສຸບແ ກເຊລ ໃນຕາມຕ	igisera) be	HOURTH TO ABLOOM	Office and office and	
	compensated at least \$5,000 by	THE OLGANIZATIO	<i>7</i> . 1.				
			T		T	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(iii) Did fund custody of contrib	raiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
_2							
3			†	·			
4							
	<u> </u>						
6			<u> </u>				
7							
8							
9							
10							
		<u> </u>	_l				
Total	List all states in which the orga		tarad or lla	nnna ta a	olicit contribution	s or has been potifi	ad It is exempt from
3	registration or ilcensing.	nization is regis	stered or not	211560 10 5	olicit continuation	S C! TILO DOG! TIO!	

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
MARKETT							
_,,							
For Pap	orwork Reduction Act Notice, see the i	structions for Fon	m 990 or 990-E	z.	Cat. No. 50083H	Schedule G (F	orm 990 or 990-EZ) 2016

	edule G	(Form 990 or 990-EZ) 2016 Fundraising Events. Con than \$15,000 of fundraisin	nplete if the organizations	on answered "Yes" on	Form 990, Part IV, line	Page 2 e 18, or reported more		
		gross receipts greater tha		and gross theorns out	Oill 950-L2, lites 1 e	alo oo. List avatits with		
			4-9(a) Exent #1 4-9(-2016 Comedy Night	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue			(avent type)	(event type)	(total number)	col. (cj)		
	1	Gross receipts	24,554	,				
	2	Less: Contributions , Gross income (line 1 minus	0					
		line 2)	24,554					
Direct Expenses	4	Cash prizes	0					
	5	Noncash prizes	0					
	6	Rent/facility costs	250					
	7	Food and beverages	3,420					
Direc	8	Entertainment	600					
	9	Other direct expenses ,	522					
	11 iri III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answe	red "Yes" on Form 99		, , , , , , , , , , , , , , , , , , ,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))		
- Fe	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %			
	6	Volunteer labor	□ No	No No	□ No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d) ,						
	8	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶						
Ş	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	onduct gaming activitie			Yes No		
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b tf "Yes," explain:								
						de G (Farm 990 or 990-EZ) 2016		

11	lle G (Form 990 or 990-EZ) 2016 Page 3 Does the organization conduct gaming activities with nonmembers?					
12	to the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?					
13	Indicate the percentage of gaming activity conducted in:					
a	The organization's facility					
b	An outside facility					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name ➤					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the					
c	amount of gamling revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:					
	Name >-					
	Address >					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	□Director/officer □ Employee □ Independent contractor					
17	Mandatory distributions: is the organization required under state law to make charitable distributions from the gaming proceeds to					
a	retain the state garming license?					
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$					
Part l	(40)					

Schedule G (Form 990 or 990-EZ) 2016

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2016

Name of the organization	Employer Identification number
Audubon Community Cinema	810943658
Part VI, Section B, line 11b - Form 990, and the applicable sched	ules, are e-mailed to each
director and officer of Audubon Community Cinema. The officers a invited to review the Form 990 and make additions or corrections. approved by the Board of Directors	nd directors are . 7
approved by the Board of Directors	
Part VI, Section C, line 19 - Form 990, and the applicable schedu Treasurer of Audubon Community Cinema and are available for inspe- the Form 990, and applicable schedules, are also downloaded on the Cinema website (rosemovietheater.com)	ules, are held by the action. The images of me Audubon Community
Part VI, Section C, line 8b - Audubon Community Cinema has no conto act on behalf of its governing body.	mittees with authority
	CH4X11A4W&&BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
Part VI, Section B, line 12c—Audubon Community Cinema requires the officers review its Conflict of Interest Policy and complete a Conflict of Interest Policy and Conflict of Interest Policy and Complete a Conflict of Interest Policy and Complete a Conflict of Interest Policy and Complete a Conflict of Interest Policy and Conflict of	onflict of Interest
Questionaire, which is reviewed at the following board of directors	meeting.
	######################################
Part IX, line 24e- Audubon Community Cinema purchased a movie pro	ojection system in 2016
with a purchase price of \$31,300.00.	
Part XI, line 9-Audubon Community Cinema has a building and its cotal \$114,033, all of which was purchased and constructed in 20	16. Additionally Audubon
Community Ginema has a utility deposit of \$150, with the remaining on Part XI, line 9 is prepaid insurance on the building.	ng \$203 of the total shown
On All Marco I are proposed and or other instances.	id V rohnne distribe ind 22 AFRYR V
Part VIII, 2a—During 2016 an endowment was established to benefit through the Omaha Community Foundation. The endowment is named "Foundations were made by individuals outside of the Audubon Communicommunity Foundation to the fund Rose Theater Endowment Fund:	cose Theater Endowed Fund"
UID-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	