

efile Public Visual Render ObjectID: 201431969349301293 - Submission: 2014-07-15 TIN: 13-3167013
 Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
 Department of the Treasury Internal Revenue Service **2012**
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Open to Public Inspection
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: THE SHAKESPEARE CENTER OF LOS ANGELES INC
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address): 1238 WEST FIRST STREET
 Room/suite
 City or town, state or country, and ZIP + 4: LOS ANGELES, CA 90026
 E Telephone number: (213) 481-2273
D Employer identification number: 13-3167013
G Gross receipts \$ 1,538,705

F Name and address of principal officer:
 BEN DONENBERG
 3748 GRIFFITH VIEW DR
 LOS ANGELES, CA 90039

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: WWW.SHAKESPEARECENTER.ORG

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number
K Form of organization: Corporation Trust Association
 Other
L Year of formation: 1985 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ENCHANT, ENRICH AND BUILD COMMUNITY THROUGH PROFESSIONAL THEATRICAL TRADITIONS THAT ARE INTERPRETIVELY, GEOGRAPHICALLY AND ECONOMICALLY ACCESSIBLE TO ALL.

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0

b Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,003,389	1,484,804
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,230	53,901

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,120,619 1,538,705

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

714,572	687,245
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16a Professional fundraising fees (Part IX, column (A), line 11e)

0	0
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b Total fundraising expenses (Part IX, column (D), line 25) 116,276

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

679,268	710,487
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

1,393,840	1,397,732
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19

Revenue less expenses. Subtract line 18 from line 12

-273,221	140,973
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Net Assets or Fund Balances

Beginning of Current Year	End of Year
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20 Total assets (Part X, line 16)

1,233,083	1,283,923
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21 Total liabilities (Part X, line 26)

748,902	658,769
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22 Net assets or fund balances. Subtract line 21 from line 20

484,181	625,154
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Part II

Signature Block

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

Sign Here

Signature of officer: SHELLY L MYERSCPA, Date: 2014-07-15

Paid Preparer Use Only

Print/Type preparer's name: PAMELA A JENNINGS, Date, PTIN P00077554, Firm's name: JENNINGS STEINE & CO, Firm's EIN: 95-4045718, Firm's address: 12100 WILSHIRE BLVD 200, Phone no. (310) 478-4545

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No, For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2012) Page 2

Part III Check if Schedule O contains a response to any question in this Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO ENCHANT, ENRICH AND BUILD COMMUNITY THROUGH PROFESSIONAL THEATRICAL TRADITIONS THAT ARE INTERPRETIVELY, GEOGRAPHICALLY AND ECONOMICALLY ACCESSIBLE TO ALL.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code:) (Expenses \$ 666,652 including Revenue \$) THE SHAKESPEARE CENTER OF LOS ANG (FORMERLY KNOWN AS THE SHAKESPEA INC.) (THE "ORGANIZATION") IS A NON- AND ARTS EDUCATION ORGANIZATION I FOUNDED IN 1985, AND INCORPORATEC ORGANIZATION IS BEST KNOWN FOR IT WILL POWER TO YOUTH PROGRAMS.MAI (FORMERLY KNOWN AS THE SUMMER FE THREE-WEEK, PROFESSIONAL, OUTDOO ACCLAIMED, UNION-CONTRACTED SUMM
4b (Code:) (Expenses \$ 356,231 including Revenue \$) YOUTH ARTS PROFESSIONALS INSTITUT WHO CREATE COLLABORATIVE WORK W OPPORTUNITY TO EXAMINE THEIR OWN TEACHERS AND ARTISTS. ARTISTS DEVI IN CONFLICT RESOLUTION AND COMMU THEY REFINE THEIR ABILITIES TO DESIG WORKSHOPS.
4c (Code:) (Expenses \$ 65,293 including Revenue \$) AUDITION PREP PREPARES MIDDLE AND AGED STUDENTS TO AUDITION FOR COI PROGRAMS SUCH AS THE LOS ANGELES SCHOOL FOR THE ARTS AND THE CALIF/ SUMMER SCHOOL FOR THE ARTS.SPECI/ SECONDARY PROGRAMS CURRENTLY IN THESE PROGRAMS INCLUDE: SHAKESPE FLASH MOBS FOCUSED ON SOME OF SH MEMORABLE SCENES; SONNET SALONS, EVENINGS EXPLORING SHAKESPEARE'S ROMEO Y JULIETA, A SPANISH LINGUAG SHAKESPEARE'S CLASSIC DIRECTED FO LA DERIVA TEATRO FROM GUADALAJAR/
(Code:) (Expenses \$ including grants) AUDITION PREP PREPARES MIDDLE AND AGED STUDENTS TO AUDITION FOR COI PROGRAMS SUCH AS THE LOS ANGELES

SCHOOL FOR THE ARTS AND THE CALIF SUMMER SCHOOL FOR THE ARTS. DESIC STUDENTS WHO DO NOT HAVE ACCESS COACHING, THIS WORKSHOP SERIES FC PROVIDING SHAKESPEARE INSTRUCTIO COACHING AND INTERVIEW PREPARATI

4d Other program services (Describe i (Expenses \$ including grants of \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Form with questions 1-11b and Yes/No columns. Includes questions about organization type, lobbying, donor funds, and asset collections.

11c	No	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>
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11d	No	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>
11e	Yes	

11f	No	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>
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12a		Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>
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No	b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b
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No	13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	No	14a
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14a	No	Did the organization maintain an office, employees, or agents outside of the United States?
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b	14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>
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15	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	16
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16	No	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	17
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17	No	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	18
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18	No	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	19
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19	No	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	20a
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20a	No	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	b
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20b		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
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Part IV Checklist of Required Schedules (continued) **21**

21	No	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	22
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22	No	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>
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23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	24a
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24a	No	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>
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		b

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24b		
		c

Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

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) and 501(c)(4) 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		No
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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	
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26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*

No			26
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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*

No			27		28
	No			No	

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

		a

a A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*

28a		No
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b A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*

28b	
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*

28c		No
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29 Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*

29	Yes	
		30

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*

30		No
		31

Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*

31		No
		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		No
		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		No
		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		No
		35a

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35a		No
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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**

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 No **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 Yes No Form **990** (2012)

Statements Regarding Other IRS Filings and Tax Compliance Page 6

No **1a** Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1a** **Yes**

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b**

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c**

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**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a No **b** If "Yes," has it filed a Form 990-T for this year? If "No," 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 account)? **4a** No

b If "Yes," enter the name of the foreign country: **▶**
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a**

No **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b**

c 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**

No **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).

a 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? **7a**

No **b** If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b **c**

Enter the number of voting members included in line 1a, above, who are independent

1b 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 No

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

No 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

No 5 No 6

Did the organization have members or stockholders?

6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

No 7a

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

No 7b No 8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

8a Yes

b Each committee with authority to act on behalf of the governing body?

8b

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Yes 9 No

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

No 10a Did the organization have local chapters, branches, or affiliates?

10a

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?

No 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 Yes 11a

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 Yes

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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

No 12c

13 Did the organization have a written whistleblower policy?

No 13 No 14

Did the organization have a written document retention and destruction policy?

14

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?

No 15a

The organization's CEO, Executive Director, or top management official

15a No

b Other officers or key employees of the organization

15b

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

No

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

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 to such arrangements?

No 16b

Section C: Disclosure 17 List the States with which a copy of this Form 990 is required to be filed CA

18 Upon request Other (explain in Schedule O)

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 19 available for public inspection. Indicate how you made these available. Check all that apply

Own website Another

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶SHELLY MYERS1238 WEST FIRST STREETLOS ANGELESCA90026 (213) 481-2273

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** 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 directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) BEN DONENBERG..... ARTISTIC DIRECTOR/BOARD ME	40.00	X		X			88,085	0	0
(2) MICHAEL J DAVIS..... BOARD MEMBER	0.00	X					0	0	0
(3) CRAIG DARIAN..... BOARD MEMBER	0.00	X					0	0	0
(4) SY EXTER..... BOARD MEMBER	0.00	X					0	0	0
(5) JENNIFER HAZEL..... BOARD MEMBER	0.00	X					0	0	0
(6) LESSING GOLD..... BOARD MEMBER	0.00	X					0	0	0
(7) MICHAEL NARVID..... CHAIR/BOARD MEMBER	0.00	X					0	0	0
(8) JOEL PRELL..... MEMBER AT LARGE	0.00	X					0	0	0
(9) PAMELA ROBINSON..... BOARD MEMBER	0.00	X					0	0	0
(10) KAREN SEIGEL..... BOARD MEMBER	0.00	X					0	0	0
(11) MEE HAE SEMCKEN..... BOARD MEMBER	0.00	X					0	0	0
(12) PATRICK STANSFIELD..... BOARD MEMBER	0.00	X					0	0	0
(13) PHILIP D ISRAELS..... BOARD MEMBER	0.00	X					0	0	0
(14) GILBERT J DEGLORIA..... BOARD MEMBER	0.00	X					0	0	0
(15) SHELLY L MYERS..... TREASURER	0.00	X					0	0	0
(16) MICHELLE ITZKOWITZ..... BOARD MEMBER	0.00	X					0	0	0
(17) MARSHALL BISSETT..... BOARD MEMBER	0.00	X					0	0	0

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			

line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	and related organizations
(18) SANDRA DAVIS..... BOARD MEMBER	0.00	X					0 0 0
(19) KATHLEEN HILL..... BOARD MEMBER	0.00	X					0 0 0
(20) CHRIS ANTHONY..... ASSOCIATE ARTISTIC DIRECTO	40.00	X					0 0 0
(21) MARCELA ROBLES..... YOUTH PROGRAMS DIRECTOR	40.00	X					0 0 0
(22) MARINA OLIVA..... EDUCATION PROGRAMS MANAGER	40.00	X					0 0 0
(23) JEREMY ANCALADE..... FORMER GENERAL MANAGER	40.00	X					0 0 0
(24) KELLOGG BRENGEL..... ASSOCIATE DIRECTOR OF VETE	40.00	X					0 0 0
(25) RITA WILSON..... BOARD MEMBER	0.00	X					0 0 0
(26) NORMA J MORROW..... BOARD MEMBER	0.00	X					0 0 0
(27) SHARON PREGERSON..... BOARD MEMBER	0.00	X					0 0 0
(28) CAROLYN HENDERSON..... OFFICE ADMINISTRATOR	37.50	X					0 0 0
(29) ANTHONY BYRNES..... GENERAL MANAGER	40.00	X					0 0 0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	88,085	0	0

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **Yes**

3 No **4**

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **5**

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

Section B. Independent Contractors

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

(A) Name and business address	(B) Description services

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

Form 990 (2012) **Part VIII Statement of Revenue** Page 9

Check if Schedule O contains a response to any question in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue
1a Federated campaigns 1a			
Gifts, Grants			
ilar Amounts			

Contributions, and Other Sir

b	Membership dues	1b	-
c	Fundraising events	1c	-
d	Related organizations	1d	-
e	Government grants (contributions)	1e	150,390
f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,334,414
g	Noncash contributions included in lines 1a-1f:\$		186,569
h			1,484,804
Total. Add lines 1a-1f			

Program Service Revenue

2a	Business Code				
b					
c					
d					
e					
f	All other program service revenue .				
g					
Total. Add lines 2a-2f					

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(i) Real	(ii) Personal		
b	Less: rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than investments	(i) Securities	(ii) Other		
b	Less: cost of sales expenses				
c	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
b	Less: direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities.				

See Part IV, line 19	a				
b Less: direct expenses	b				
c					
Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c					
Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a <u>UCLA SERVICE CONTRACT</u>		713110	53,901	53,901	
b -					
c -					
d All other revenue					
e					
Total. Add lines 11a-11d		53,901			
12					
Total revenue. See Instructions.		1,538,705	53,901	0	0

Form 990 (2012)

Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

(A)	(B)	(C)	
Total expenses	Program service expenses	Management and general expenses	Fu

1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			
3	Grants and other assistance to governments, organizations, and individuals outside the United States			
4	Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(d)(3)(B)			
7	Other salaries and wages			553,385
		478,521	54,892	19,972
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes			
		23,636	9,035	
11	Fees for services (non-employees):			
a	Management			
b	Legal			
c	Accounting			

d Lobbying			
e Professional fundraising services. See Part IV, line 17			
f Investment management fees			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			
12 Advertising and promotion			
13 Office expenses	25,673	3,511	36,659 7,475
14 Information technology			
15 Royalties			
16 Occupancy	1,676	8,381	34,063 24,006
17 Travel	1,840	518	18,248 15,890
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 Conferences, conventions, and meetings			
20 Interest	17,039		17,039
21 Payments to affiliates			
22 Depreciation, depletion, and amortization	33,776	3,681 11,700	49,157
23 Insurance	12,798	7,313 2,742	22,853
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a PROFESSIONAL FEES	105	626	231,971 231,240
b PRODUCTION	43,943	50,756	117,994 23,295
c MARKETING		801	69,681 68,880
d PRODUCTION/PROGRAM CONT			44,777 44,777
e All other expenses	13,482	8,234	68,045 46,329
25 Total functional expenses. Add lines 1 through 24e			1,397,732 1,088,176
			193,280 116,276
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

Form 990 (2012)

Page 11

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

(A) Begin of y

Assets	1	Cash <input type="checkbox"/> non-interest-bearing	174,382	1	60,925	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	260,698	4	460,306	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	4,868	9	18,715	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,554,453		
b	Less: accumulated depreciation	10b	810,476	793,135	10c	743,977
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		0	
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,233,083	16	1,283,923		
Liabilities	17	Accounts payable and accrued expenses	83,902	17	108,769	
	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		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	115,000	23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule	550,000	25	550,000	
	26	Total liabilities. Add lines 17 through 25	748,902	26	658,769	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	484,181	27	490,154	
	28	Temporarily restricted net assets		28	135,000	
	29	Permanently restricted net assets		29		

Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34			
30	Capital stock, or other equity, for current funds		30
31	Paid-in or capital surplus, or land, building or equipment fund		31
32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	484,181	33 625,154
34	Total liabilities and net assets/fund balances	1,233,083	34 1,283,923

Form 990 (2012)

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Form 990, Special Condition Description:		
	Total revenue (must equal Part VIII, column (A), line 12)		
2		1	1,538,705
	Total expenses (must equal Part IX, column (A), line 25)	2	1,397,732
3	Revenue less expenses. Subtract line 2 from line 1		
4		3	140,973
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	484,181
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	625,154

Part XII Check if Schedule O contains a response to any question in this Part XII

Financial Statements and Reporting

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		No
-----------	--	----

Special Condition Description

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 Yes

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 No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

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Form 990 (2012)

Software ID:

Software Version:

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection
2012

Name of the organization
THE SHAKESPEARE CENTER OF LOS ANGELES INC

Employer identification number

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

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

1

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

section 170(b)(1)(A)(iv). (Complete Part II.)

6

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of

its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10

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

11

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a **b** **c** **d** Type I Type II Type III - Functionally integrated Type III - Non-functionally

integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

Yes

No

and (iii) below, the governing body of the supported organization?

11g(i)

(ii) A family member of a person described in (i) above?

11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11a(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Sub-columns for Yes/No are provided for (iv), (v), and (vi).

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support. Check the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If

Table for Section A. Public Support. Columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table for Section B. Total Support. Columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc.

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

Section C. Computation of Public Support Percentage

Table for Section C. Computation of Public Support Percentage. Rows: 14 Public support percentage for 2012 (93.870%); 15 Public support percentage for 2011 Schedule A, Part II, line 14 (94.230%).

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box. 16b 33 1/3% support test—2011. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box. 17a 10% facts and circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. 17b 10% facts and circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support. If you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 1/a or 1/b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Horizontal lines for supplemental information input.

Schedule A (Form 990 or 990-EZ) 2012

Additional Data

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

2012

Name of the organization THE SHAKESPEARE CENTER OF LOS ANGELES INC

Employer identification number

Organization type (check one):

Filers of: Section: Form 990 or 990-EZ [] 501(c)() (enter number) organization

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 [] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
Special Rules [] 501(c)(3) taxable private foundation
[] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor...

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 2

Name of organization THE SHAKESPEARE CENTER OF LOS ANGELES INC
Employer identification number 13-3167013

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes 'RESTRICTED' entries and a total contribution of '\$ RESTRICTED'.

(Complete Part II if there

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes 'Person' and 'Noncash' options.

\$

Noncash

(Complete Part II if there

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of co
--------------------	---	------------------------------------	---------------------------

Person

\$

Noncash

(Complete Part II if there

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of co
--------------------	---	------------------------------------	---------------------------

Person

\$

Noncash

(Complete Part II if there

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of co
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Person

\$

Noncash

(Complete Part II if there

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of co
--------------------	---	------------------------------------	---------------------------

Person

\$

Noncash

(Complete Part II if there

Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization	Employer identification number
THE SHAKESPEARE CENTER OF LOS ANGELES INC	13-3167013

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space 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 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
------------------------------------	--	---	------------------------------

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
------------------------------------	--	---	------------------------------

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization	Employer identification number
THE SHAKESPEARE CENTER OF LOS ANGELES INC	13-3167013

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)		

Use duplicate copies of Part III if additional space is needed.

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of
------------------------------------	----------------------------	------------------------	---------------------------

Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
---------------------------------------	-----------------------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of
------------------------------------	----------------------------	------------------------	---------------------------

Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
---------------------------------------	-----------------------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of
------------------------------------	----------------------------	------------------------	---------------------------

Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
---------------------------------------	-----------------------------	--

Schedule B (Form 990)

Additional Data

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Software ID:
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization THE SHAKESPEARE CENTER OF LOS ANGELES INC

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other acc

1 Total number at end of year

Table with 2 columns for reporting values

2 Aggregate contributions to (during year)

Table with 2 columns for reporting values

3 Aggregate grants from (during year)

Table with 2 columns for reporting values

4 Aggregate value at end of year

Table with 2 columns for reporting values

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring private inurement or private inurement?

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

Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area
Protection of natural habitat
Preservation of a certified historic structure
Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Yes No

4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

1a Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following information as permitted under SFAS 116 (ASC 958) to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following information from Form 990, Part VIII, line 1.

(i) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

a

b

Assets included in Form 990, Part X \$

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Part III

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

Yes

No

No

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition Loan or exchange programs

b e Scholarly research Other ...

c

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount

c

Beginning balance

1c

d

Additions during the year

1d

e

Distributions during the year

1e

f

Ending balance

1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V

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

(a) Current year

(b) Prior year

(c) Two years back

(d) Three years back

(e) Four years

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations

Table with columns Yes, No and row 3a(i)

(ii) related organizations

Table with columns 3a(ii) and row b

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

Table with columns 3b and row 4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property

Main table for Land, Buildings, and Equipment with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), and (c) Accumulated depreciation. Rows include Land, Buildings, Leasehold improvements, Equipment, and Other.

Schedule D (Form 990) 2012

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Part VII

Investments Other Securities. See Form 990, Part X, line 12.

Table for Investments and Other Securities with columns (a) Description of security or category, (b) Book value, and (c) Method of valuation.

Part VIII

Investments Program Related. See Form 990, Part X, line 13.

Table for Investments Program Related with columns (a) Description of investment type, (b) Book value, and (c) Method of valuation.

Part IX

Other Assets. See Form 990, Part X, line 15.

Table for Other Assets with columns (a) Description and (b) Book value.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table for Other Liabilities with columns (a) Description of liability and (b) Book value. Includes Federal income taxes and NOTE PAYABLE TO CITY OF LOS ANGELES.



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Page 4

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c

5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5
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Part XIII
Supplemental Information

Complete this part to 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48:	PART X, LINE 2:	NOT APPLICABLE.

Schedule D (Form 990) 2012

Additional Data

[Return to Form](#)

Software ID:
Software Version:

OMB No. 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization THE SHAKESPEARE CENTER OF LOS ANGELES INC

Employer identification number

13-3167013

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 shows 'Other (ADVERTISING)' with 1 contribution valued at 186,569 using COST OF EXPENSES.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No

b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a No

b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Cat. No. 51227J

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2012)

Additional Data

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Software ID:

Software Version:

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ObjectID: 201431969349301293 - Submission: 2014-07-15

TIN: 13-3167013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection 2012

Name of the organization THE SHAKESPEARE CENTER OF LOS ANGELES INC

Employer identification number

Identifier	Return Reference	Explanation
13-3167013	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE DRAFTED FORM 990 WAS PROVIDED TO THE ORGANIZATION'S ADMINISTRATOR AND TREASURER FOR REVIEW AND COMMENT FOR FINAL COMPLETION OF THE RETURN.
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2012

Additional Data

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Software Version: