

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service  
Name of exempt organizationFor calendar year 2016, or fiscal year beginning 6/01, 2016, and ending 5/31, 20 17  
▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).****2016**Name and title of officer  
**SUN VALLEY CENTER FOR THE ARTS, INC**  
**TIM WOLFF**  
**PRESIDENT**Employer identification number  
**23-7113276****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>4,481,691</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **Becker, Chambers & Co., P.A.** to enter my PIN **56836** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **12/05/17****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**82003883333**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Linda P. Chambers**Date ▶ **12/05/17****ERO Must Retain This Form — See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:**TO ENRICH OUR COMMUNITY THROUGH TRANSFORMATIVE ARTS AND EDUCATIONAL EXPERIENCES.****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

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?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ **377,942** including grants of \$ ) (Revenue \$ **88,342** )**THE CENTER HOLDS ORIGINAL VISUAL ARTS EXHIBITIONS THAT RANGE WIDELY IN SCOPE, STRUCTURE AND SUBJECT AND INCLUDE WORKS BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CONTEMPORARY ARTISTS.****4b** (Code: ) (Expenses \$ **1,137,921** including grants of \$ ) (Revenue \$ **486,414** )**THE CENTER HOLDS PERFORMING ARTS EVENTS RANGING FROM INTIMATE JAZZ AND CHAMBER MUSIC CONCERTS TO MODERN DANCE AND MULTIMEDIA PERFORMANCES TO LARGE OUTDOOR CONCERTS.****4c** (Code: ) (Expenses \$ **760,878** including grants of \$ **45,473** ) (Revenue \$ **100,916** )**THE CENTER HAS PUBLIC LECTURES AND VISITS BY ARTISTS, AUTHORS, AND WORLD RENOWNED SCHOLARS, MANY OF WHOM ALSO VISIT LOCAL SCHOOLS OR TEACH CLASSES. THERE ARE ALSO MANY CLASSES FOR ADULTS, FAMILIES AND CHILDREN.****4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,276,741**

**Part IV Checklist of Required Schedules (continued)**

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	<b>16</b>
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....	<b>1b</b>	<b>16</b>
<b>2</b> 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? .....	<b>2</b>	<b>X</b>
<b>3</b> 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? .....	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b> 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 .....	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**SUN VALLEY CENTER FOR THE ARTS, INC 191 FIFTH STREET EAST****KETCHUM****ID 83340****208-726-9491**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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	Former			
(12) JUDY LEVY	1.00									
DIRECTOR	0.00	X						0	0	0
(13) RICHARD PERLMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(14) CHRISTINE DAVIS-JEFFERS	40.00									
EXECUTIVE DIRECTOR	0.00			X				111,169	0	8,307
(15) KRISTIN POOLE	40.00									
ARTISTIC DIRECTOR	0.00					X		110,171	0	12,122
<b>1b Sub-total</b>								<b>221,340</b>		<b>20,429</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>221,340</b>		<b>20,429</b>

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>45,473</b>	<b>45,473</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,127,019</b>	<b>848,976</b>	<b>134,250</b>	<b>143,793</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>121,605</b>	<b>108,541</b>	<b>-3,830</b>	<b>16,894</b>
<b>10</b> Payroll taxes	<b>94,312</b>	<b>74,201</b>	<b>7,827</b>	<b>12,284</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>3,400</b>	<b>2,333</b>	<b>533</b>	<b>534</b>
<b>c</b> Accounting	<b>17,051</b>	<b>11,367</b>	<b>2,842</b>	<b>2,842</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>7,110</b>		<b>7,110</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>344,093</b>	<b>195,049</b>	<b>13,079</b>	<b>135,965</b>
<b>12</b> Advertising and promotion	<b>138,772</b>	<b>109,933</b>	<b>4</b>	<b>28,835</b>
<b>13</b> Office expenses	<b>272,303</b>	<b>168,589</b>	<b>8,969</b>	<b>94,745</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>98,038</b>	<b>79,270</b>	<b>2,944</b>	<b>15,824</b>
<b>17</b> Travel	<b>24,466</b>	<b>11,187</b>	<b>2,286</b>	<b>10,993</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>189</b>		<b>189</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>87,652</b>		<b>87,652</b>	
<b>23</b> Insurance	<b>33,129</b>	<b>20,873</b>	<b>7,828</b>	<b>4,428</b>
<b>24</b> 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.)				
<b>a</b> <b>ARTIST/LECTURE FEE</b>	<b>337,684</b>	<b>321,684</b>		<b>16,000</b>
<b>b</b> <b>MISCELLANEOUS</b>	<b>104,903</b>	<b>1,393</b>	<b>103,989</b>	<b>-479</b>
<b>c</b> <b>CREDIT CARD FEES</b>	<b>85,389</b>	<b>45,352</b>	<b>2,957</b>	<b>37,080</b>
<b>d</b> <b>THEATER PRODUCTION</b>	<b>52,232</b>	<b>52,232</b>		
<b>e</b> All other expenses	<b>234,847</b>	<b>180,288</b>	<b>12,147</b>	<b>42,412</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>3,229,667</b>	<b>2,276,741</b>	<b>390,776</b>	<b>562,150</b>
<b>26</b> <b>Joint costs.</b> 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).				

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,481,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,229,667
3	Revenue less expenses. Subtract line 2 from line 1	3	1,252,024
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,735,882
5	Net unrealized gains (losses) on investments	5	4,676
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	9,663
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,002,245

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part VI**

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

- c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	957,328	1,019,695	1,040,405	1,014,061	994,729
b Contributions					5,672
c Net investment earnings, gains, and losses	21,553	30,327	29,208	74,407	17,128
d Grants or scholarships					
e Other expenditures for facilities and programs	328,110	8,241	49,918	48,063	3,468
f Administrative expenses	20,000				
g End of year balance	630,771	957,328	1,019,695	1,040,405	1,014,061

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

- a Board designated or quasi-endowment ☒ 99.21 %  
 b Permanent endowment ☒ 0.79 %  
 c Temporarily restricted endowment ☐ %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,026,934		3,026,934
b Buildings		2,605,726	585,691	2,020,035
c Leasehold improvements				
d Equipment		343,228	258,136	85,092
e Other		302,105	264,443	37,662
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,169,723





**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

**SUN VALLEY CENTER FOR THE ARTS, INC**

Employer identification number

**23-7113276****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
 b ☐ Internet and email solicitations  
 c ☐ Phone solicitations  
 d ☐ In-person solicitations  
 e ☐ Solicitation of non-government grants  
 f ☐ Solicitation of government grants  
 g ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

16 Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.  
See instructions

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 SCHOLARSHIPS</b>		<b>45,473</b>			
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

Part IV	Supplemental Information.
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.



## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) TIM BLACK CUSTOM CABINETRY	DIRECTOR	7,714	THEATER SET PRODUCTI		X
(2) LORNA'S CATERING	EMPLOYEE RELATI	19,747	EVENT CATERING		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**Part II** **Supplemental Information.** 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.

Name of the organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

REVIEW DATA PROVIDED BY A SEARCH FIRM, AND CONDUCT A PERFORMANCE REVIEW.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR DETERMINED THE COMPENSATION FOR ALL OTHER EMPLOYEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Program Service	Mgt & General	Fundraising
CONTRACT SERVICES			
\$	29,090	\$ 0	\$ 0
CONTRACT SERVICES			
\$	91,335	\$ 0	\$ 0
CONTRACT SERVICES			
\$	54,336	\$ 0	\$ 0
CONTRACT SERVICES			
\$	0	\$ 8,007	\$ 125,192
CONSULTING			
\$	5,072	\$ 0	\$ 0
CONSULTING			
\$	10,144	\$ 0	\$ 0
CONSULTING			
\$	5,072	\$ 0	\$ 0
CONSULTING			
\$	0	\$ 5,072	\$ 10,773

Form **4562**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**Attachment  
Sequence No.**179**

Identifying number

**23-7113276**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,010,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	<b>9,950</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>41,424</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>21,545</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>9,950</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>1,991</b>
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>12/28/16</b>	<b>877,241</b>	39 yrs.	MM	S/L	<b>10,309</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>2,433</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>87,652</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)



23-7113276

**Federal Asset Report**

FYE: 5/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
180	SERVERS	9/30/16	7,551			X	3,775	5	HY 200DB	0	4,531
181	APPLE COMPUTER	1/13/17	3,023			X	1,512	5	HY 200DB	0	1,814
182	SERVERS	9/30/16	9,326			X	4,663	5	HY 200DB	0	5,596
			<u>19,900</u>				<u>9,950</u>			<u>0</u>	<u>11,941</u>
<b>Non-Residential Real Property:</b>											
178	BUILDING - LIBERTY THEATER	12/28/16	877,241				877,241	39	MM S/L	0	10,309
			<u>877,241</u>				<u>877,241</u>			<u>0</u>	<u>10,309</u>
<b>Prior MACRS:</b>											
3	TENT	6/01/88	2,791				2,791	7	HY 200DB	2,791	0
4	ACCO CHAIR	6/30/89	149				149	7	HY 200DB	149	0
5	FAX MACHINE	6/30/89	956				956	5	HY 200DB	956	0
6	ANSWERING MACHINE	6/30/89	71				71	7	HY 200DB	71	0
7	C. HOLLOWAY-BANNER	7/31/89	444				444	7	HY 200DB	444	0
8	SECRETARIAL CHAIR	7/31/89	83				83	7	HY 200DB	83	0
9	BATTERY BACKUP	4/30/90	360				360	5	HY 200DB	360	0
10	CASES-OASIS STAGE	7/31/89	748				748	7	HY 200DB	748	0
11	WROS: FILE CABINETS	6/30/90	2,317				2,317	7	HY 200DB	2,317	0
12	CASH REGISTER	5/03/92	593				593	7	HY 200DB	593	0
13	LATERAL FILES	7/15/92	499				499	7	HY 200DB	499	0
14	CHAIR	7/15/92	109				109	7	HY 200DB	109	0
15	DESK-GALLERY	11/15/92	875				875	7	HY 200DB	875	0
16	DESK-GALLERY	11/15/92	105				105	7	HY 200DB	105	0
17	SOUND SYSTEM	11/15/92	840				840	7	HY 200DB	840	0
19	RECEPTION DESK	6/15/93	391				391	7	HY 200DB	391	0
20	2-HON CHAIRS	6/15/93	250				250	7	HY 200DB	250	0
21	LATERAL FILES	6/15/93	930				930	7	HY 200DB	930	0
22	1/2 SWITCHBOARD	3/15/94	1,141				1,141	5	HY 200DB	1,141	0
23	AUDIO SYSTEM	3/15/94	1,184				1,184	5	HY 200DB	1,184	0
24	OASIS STAGE	6/16/93	12,725				12,725	5	HY 200DB	12,725	0
25	5 TALBLES 20 S	5/31/94	1,220				1,220	7	HY 200DB	1,220	0
26	NEW SIGN	7/06/94	1,066				1,066	5	HY 200DB	1,066	0
27	EASELS	7/08/94	779				779	5	HY 200DB	779	0
28	DEPRECIATED ASSETS	1/01/95	74,275				74,275	7	HY 200DB	74,275	0
30	TELEPHONE AT&T	7/31/90	586				586	5	HY 200DB	586	0
31	EPSON COMPUTER (USED)	5/31/92	770				770	5	HY 200DB	770	0
122	SOUND BOARD FOR PA	10/31/09	2,132			X	1,066	7	HY S/L	2,132	0
125	NEW SERVERS	3/15/09	6,721			X	3,361	5	HY S/L	6,721	0
127	HARDWARE UPGRADE	5/14/09	1,248			X	624	5	HY S/L	1,248	0
129	PROJECTOR	7/13/10	1,070			X	535	7	HY S/L	1,000	70
130	3 COMPUTERS	11/13/09	4,559			X	2,279	5	HY S/L	4,559	0
131	COMPUTER	12/13/09	1,352			X	676	5	HY S/L	1,352	0
133	SECURITY CAMERAS	8/17/11	2,303			X	0	5	MQ200DB	2,303	0
134	AIR CON UNIT	9/30/11	1,457			X	0	7	MQ200DB	1,457	0
135	SIGNAGE-FLAG BANNERS	8/10/11	1,368			X	0	7	MQ200DB	1,368	0
136	FABRIC BANNERS	8/13/11	1,074			X	0	7	MQ200DB	1,074	0
137	3 COMPUTERS	11/13/10	6,893			X	0	5	MQ200DB	6,893	0
138	COMPUTER	7/31/11	1,200			X	0	5	MQ200DB	1,200	0
139	COMPUTER	7/31/11	1,045			X	0	5	MQ200DB	1,045	0
140	SHARP COPIER	8/06/12	7,186			X	3,593	5	MQ200DB	6,655	411
141	COMPUTERS	1/13/12	1,313			X	657	5	MQ200DB	1,274	39
142	COMPUTERS	3/14/12	1,291			X	645	5	MQ200DB	1,233	58
143	TELEPHONE SYSTEM	4/14/13	20,328			X	10,164	7	HY 200DB	18,809	434
144	TELECONFERENCE SYSTEM	9/13/13	8,994			X	4,497	7	HY 200DB	7,355	468
145	FRONT DOOR	5/04/13	4,555				4,555	39	MM S/L	355	117
146	FILM PROJECT LIBERTY	6/13/13	4,840			X	2,420	7	HY 200DB	2,782	588
147	SHELVING FOR WA STORAGE UNIT	10/13/13	2,483			X	1,242	7	HY 200DB	1,427	302
148	VIDEO SWITCH LIBERTY	10/30/13	1,600			X	800	7	HY 200DB	920	194
150	3 COMPUTERS	12/13/12	2,816			X	1,408	5	HY 200DB	2,039	406
151	JOE'S NEW COMPUTER	2/13/13	3,086			X	1,543	5	HY 200DB	2,234	444
154	BOCA PRINTERS	4/14/13	3,067			X	1,534	5	HY 200DB	2,728	177
156	COMPANY OF FOOLS ASSETS	11/01/12	19,424			X	9,712	7	HY 200DB	12,345	2,023
157	IMPROVEMENTS - FRONT DESK AREA	11/05/14	3,500				3,500	39	MM S/L	138	90
158	LASER PRINTER & WORKSTATIONS (2	12/13/14	3,777				3,777	5	HY 200DB	1,775	801

23-7113276

**Federal Asset Report**

FYE: 5/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
79	E MACHINE 500XM5	5/01/00	709				709	5 MO S/L	709	0
80	2 LEXMARK PRINTERS	5/18/00	315				315	5 MO S/L	315	0
81	2 WORKSTATIONS/C366MHZ	4/03/01	1,300				1,300	5 MO S/L	1,300	0
82	WORKSTATION C366MHZ MEGAN	4/03/01	650				650	5 MO S/L	650	0
83	SERVER PII 750MHZ, MONIYO	4/03/01	1,378				1,378	5 MO S/L	1,378	0
84	GRAPHICS COMPUTER	4/03/01	856				856	5 MO S/L	856	0
85	MONITORS BETSY/LISA	5/30/01	562				562	5 MO S/L	562	0
86	COMPUTER - KRISTINE	2/04/02	970				970	5 MO S/L	970	0
87	MONITOR/BACKUP/DESKTOP	2/19/02	570				570	5 MO S/L	570	0
88	4 NEW COMPUTERS	2/22/02	2,692				2,692	5 MO S/L	2,692	0
89	3 NEW MONITORS	3/23/02	778				778	5 MO S/L	778	0
90	NEW MEMBERSHIP SOFTWARE	5/13/02	13,495				13,495	3 MO S/L	13,495	0
91	COMPUTER (KRISTINE)	1/30/03	1,029				1,029	5 MO S/L	1,029	0
92	NETDONORS SOFTWARE	3/17/03	2,400				2,400	3 MO S/L	2,400	0
93	TAPE DRIVE	6/07/03	894				894	5 MO S/L	894	0
94	LAPTOP	6/09/03	1,081				1,081	5 MO S/L	1,081	0
95	2 INTEL 1800 MHZ CUSTOM PRINTER	8/29/03	1,252				1,252	5 MO S/L	1,252	0
96	COMPUTERS/TOWERS	10/31/05	14,169				14,169	5 MO S/L	14,169	0
97	SOFTWARE UPDATE	1/31/06	14,870				14,870	3 MO S/L	14,870	0
98	4250 PRINTER	2/13/06	1,868				1,868	5 MO S/L	1,868	0
99	WINE RACKS	7/19/06	7,068				7,068	7 MO S/L	7,068	0
100	PHONE SYSTEM	4/28/00	3,711				3,711	5 MO S/L	3,711	0
101	ADDITIONAL CLASSROOM COSTS	4/10/07	34,208				34,208	39 MO S/L	8,040	878
102	ADA RAMP HAILEY CLASSROOM	6/10/07	15,370				15,370	39 MO S/L	3,547	394
103	LANDSCAPING HAILEY BUILDING	7/10/07	9,343				9,343	15 MO S/L	5,554	623
104	CHAIRS	11/29/06	1,653				1,653	7 MO S/L	1,653	0
105	TRUCK	3/05/07	4,593				4,593	5 MO S/L	4,593	0
106	PRINTING PRESS	4/12/07	7,539				7,539	7 MO S/L	7,539	0
107	TICKET PRINTER	5/14/07	1,571				1,571	7 MO S/L	1,571	0
108	STAGE	6/13/07	8,811				8,811	7 MO S/L	8,811	0
109	REMOTE CC MACHINE	7/20/07	1,030				1,030	7 MO S/L	1,030	0
110	SIDES FOR BIG TENT AND NEW SMAL	9/13/07	2,109				2,109	7 MO S/L	2,109	0
111	MONITORS/PRINTERS	11/13/06	1,460				1,460	5 MO S/L	1,460	0
112	LAPTOP	11/13/06	1,394				1,394	5 MO S/L	1,394	0
113	COMPUTER (DAVIDS)	11/17/06	1,571				1,571	5 MO S/L	1,571	0
114	RAISERS EDGE UPGRADE	12/19/06	8,543				8,543	3 MO S/L	8,543	0
115	MAESTRO SOFT INTERFACE	12/22/06	2,033				2,033	3 MO S/L	2,033	0
116	ADOBE SOFTWARE	6/13/07	5,298				5,298	3 MO S/L	5,298	0
117	COMPUTER LAB-HAILEY	11/07/07	12,340				12,340	5 MO S/L	12,340	0
118	NEW COMPUTER-GIGI'S	11/19/07	1,043				1,043	5 MO S/L	1,043	0
119	SOFTWARE FOR HCC MACS	2/13/08	11,488				11,488	3 MO S/L	11,488	0
120	NEW TOWER (JOHN)	9/26/08	1,027				1,027	5 MO S/L	1,027	0
121	LAND (SIMPLLOT LAND)	10/01/08	1,915,577				1,915,577	0 -- Land	0	0
123	RASIER'S EDGE SOFTWARE	2/13/09	7,160			X	3,580	3 MO Amort	7,160	0
124	SOFTWARE UPGRADE	3/15/09	1,222			X	611	3 MO Amort	1,222	0
126	MCAFFEE SOFTWARE	4/14/09	1,256			X	628	3 MO Amort	1,256	0
128	CAPITALIZE PROPERTY TAXES	12/29/08	400				400	0 -- Land	0	0
132	SOFTWARE UPDATE	12/18/09	7,848			X	3,924	3 MO Amort	7,848	0
149	QB ENTERPRISE SOFTWARE	12/13/12	1,800			X	900	3 MO Amort	1,156	300
152	COMPUTER SOFTWARE FOR THEATEI	3/15/13	2,428			X	1,214	3 MO Amort	1,558	405
153	BLACKBAUD-ADDITIONAL LICENSES	3/27/13	6,038			X	3,019	3 MO Amort	3,876	1,006
155	ADOBE SOFTWARE	10/31/13	5,912			X	2,956	3 MO Amort	3,795	986
160	RAISER'S EDGE	11/25/13	15,444			X	7,722	3 MO Amort	9,914	2,574
171	SOFTWARE - OMATIC	2/13/16	17,180			X	8,590	3 MO Amort	9,544	2,864
179	LAND - LIBERTY THEATER	12/28/16	375,961				375,961	0 -- Land	0	0
<b>Total Other Depreciation</b>			<b>4,661,608</b>				<b>4,628,464</b>		<b>830,454</b>	<b>41,424</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,661,608</b>				<b>4,628,464</b>		<b>830,454</b>	<b>41,424</b>
<b>Listed Property:</b>										
175	VEHICLE	7/28/15	15,208			X	7,604	5 HY 200DB	9,125	2,433
			<b>15,208</b>				<b>7,604</b>		<b>9,125</b>	<b>2,433</b>

7885 SUN VALLEY CENTER FOR THE ARTS, INC  
23-7113276  
FYE: 5/31/2017

**AMT Asset Report**  
**Form 990, Page 1**

12/06/2017 8:33 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
180	SERVERS	9/30/16	7,551			X	3,775	5 HY 200DB	0	4,531
181	APPLE COMPUTER	1/13/17	3,023			X	1,512	5 HY 200DB	0	1,814
182	SERVERS	9/30/16	9,326			X	4,663	5 HY 200DB	0	5,596
			<u>19,900</u>				<u>9,950</u>		<u>0</u>	<u>11,941</u>
<b>Non-Residential Real Property:</b>										
178	BUILDING - LIBERTY THEATER	12/28/16	877,241				877,241	39 MM S/L	0	10,309
			<u>877,241</u>				<u>877,241</u>		<u>0</u>	<u>10,309</u>
<b>Prior MACRS:</b>										
3	TENT	6/01/88	2,791				2,791	7 HY 200DB	2,791	0
4	ACCO CHAIR	6/30/89	149				149	7 HY 200DB	149	0
5	FAX MACHINE	6/30/89	956				956	5 HY 200DB	956	0
6	ANSWERING MACHINE	6/30/89	71				71	7 HY 200DB	71	0
7	C. HOLLOWAY-BANNER	7/31/89	444				444	7 HY 200DB	444	0
8	SECRETARIAL CHAIR	7/31/89	83				83	7 HY 200DB	83	0
9	BATTERY BACKUP	4/30/90	360				360	5 HY 200DB	360	0
10	CASES-OASIS STAGE	7/31/89	748				748	7 HY 200DB	748	0
11	WROS: FILE CABINETS	6/30/90	2,317				2,317	7 HY 200DB	2,317	0
12	CASH REGISTER	5/03/92	593				593	7 HY 200DB	593	0
13	LATERAL FILES	7/15/92	499				499	7 HY 200DB	499	0
14	CHAIR	7/15/92	109				109	7 HY 200DB	109	0
15	DESK-GALLERY	11/15/92	875				875	7 HY 200DB	875	0
16	DESK-GALLERY	11/15/92	105				105	7 HY 200DB	105	0
17	SOUND SYSTEM	11/15/92	840				840	7 HY 200DB	840	0
19	RECEPTION DESK	6/15/93	391				391	7 HY 200DB	391	0
20	2-HON CHAIRS	6/15/93	250				250	7 HY 200DB	250	0
21	LATERAL FILES	6/15/93	930				930	7 HY 200DB	930	0
22	1/2 SWITCHBOARD	3/15/94	1,141				1,141	5 HY 200DB	1,141	0
23	AUDIO SYSTEM	3/15/94	1,184				1,184	5 HY 200DB	1,184	0
24	OASIS STAGE	6/16/93	12,725				12,725	5 HY 200DB	12,725	0
25	5 TALBLES 20 S	5/31/94	1,220				1,220	7 HY 200DB	1,220	0
26	NEW SIGN	7/06/94	1,066				1,066	5 HY 200DB	1,066	0
27	EASELS	7/08/94	779				779	5 HY 200DB	779	0
28	DEPRECIATED ASSETS	1/01/95	74,275				74,275	7 HY 200DB	74,275	0
30	TELEPHONE AT&T	7/31/90	586				586	5 HY 200DB	586	0
31	EPSON COMPUTER (USED)	5/31/92	770				770	5 HY 150DB	770	0
103	LANDSCAPING HAILEY BUILDING	7/10/07	9,343				9,343	15 HY 150DB	6,079	552
122	SOUND BOARD FOR PA	10/31/09	2,132			X	1,066	7 HY S/L	2,132	0
125	NEW SERVERS	3/15/09	6,721			X	3,361	5 HY 200DB	6,721	0
127	HARDWARE UPGRADE	5/14/09	1,248			X	624	5 HY S/L	1,248	0
129	PROJECTOR	7/13/10	1,070			X	535	7 HY 200DB	1,026	44
130	3 COMPUTERS	11/13/09	4,559			X	2,279	5 HY 200DB	4,559	0
131	COMPUTER	12/13/09	1,352			X	676	5 HY S/L	1,352	0
133	SECURITY CAMERAS	8/17/11	2,303			X	0	5 MQ200DB	2,303	0
134	AIR CON UNIT	9/30/11	1,457			X	0	7 MQ200DB	1,457	0
135	SIGNAGE-FLAG BANNERS	8/10/11	1,368			X	0	7 MQ200DB	1,368	0
136	FABRIC BANNERS	8/13/11	1,074			X	0	7 MQ200DB	1,074	0
137	3 COMPUTERS	11/13/10	6,893			X	0	5 MQ200DB	6,893	0
138	COMPUTER	7/31/11	1,200			X	0	5 MQ200DB	1,200	0
139	COMPUTER	7/31/11	1,045			X	0	5 MQ200DB	1,045	0
140	SHARP COPIER	8/06/12	7,186			X	3,593	5 MQ200DB	6,655	411
141	COMPUTERS	1/13/12	1,313			X	657	5 MQ200DB	1,274	39
142	COMPUTERS	3/14/12	1,291			X	645	5 MQ200DB	1,233	58
143	TELEPHONE SYSTEM	4/14/13	20,328			X	10,164	7 HY 200DB	18,809	434
144	TELECONFERENCE SYSTEM	9/13/13	8,994			X	4,497	7 HY 200DB	7,355	468
145	FRONT DOOR	5/04/13	4,555				4,555	39 MM S/L	355	117
146	FILM PROJECT LIBERTY	6/13/13	4,840			X	2,420	7 HY 200DB	2,782	588
147	SHELVING FOR WA STORAGE UNIT	10/13/13	2,483			X	1,242	7 HY 200DB	1,427	302
148	VIDEO SWITCH LIBERTY	10/30/13	1,600			X	800	7 HY 200DB	920	194
150	3 COMPUTERS	12/13/12	2,816			X	1,408	5 HY 200DB	2,506	162
151	JOE'S NEW COMPUTER	2/13/13	3,086			X	1,543	5 HY 200DB	2,234	444
154	BOCA PRINTERS	4/14/13	3,067			X	1,534	5 HY 200DB	2,728	177
156	COMPANY OF FOOLS ASSETS	11/01/12	19,424			X	9,712	7 HY 200DB	12,345	2,023
157	IMPROVEMENTS - FRONT DESK AREA	11/05/14	3,500				3,500	39 MM S/L	138	90

23-7113276

**AMT Asset Report**

FYE: 5/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
78	BROTHER LASER JET PRINTER	5/01/00	478				478	5 MO S/L	478	0
79	E MACHINE 500XM5	5/01/00	709				709	5 MO S/L	709	0
80	2 LEXMARK PRINTERS	5/18/00	315				315	5 MO S/L	315	0
81	2 WORKSTATIONS/C366MHZ	4/03/01	1,300				1,300	5 MO S/L	1,300	0
82	WORKSTATION C366MHZ MEGAN	4/03/01	650				650	5 MO S/L	650	0
83	SERVER PII 750MHZ, MONIYO	4/03/01	1,378				1,378	5 MO S/L	1,378	0
84	GRAPHICS COMPUTER	4/03/01	856				856	5 MO S/L	856	0
85	MONITORS BETSY/LISA	5/30/01	562				562	5 MO S/L	562	0
86	COMPUTER - KRISTINE	2/04/02	970				970	5 MO S/L	970	0
87	MONITOR/BACKUP/DESKTOP	2/19/02	570				570	5 MO S/L	570	0
88	4 NEW COMPUTERS	2/22/02	2,692				2,692	5 MO S/L	2,692	0
89	3 NEW MONITORS	3/23/02	778				778	5 MO S/L	778	0
90	NEW MEMBERSHIP SOFTWARE	5/13/02	13,495				13,495	3 MO S/L	13,495	0
91	COMPUTER (KRISTINE)	1/30/03	1,029				1,029	5 MO S/L	1,029	0
92	NETDONORS SOFTWARE	3/17/03	2,400				2,400	3 MO S/L	2,400	0
93	TAPE DRIVE	6/07/03	894				894	5 MO S/L	894	0
94	LAPTOP	6/09/03	1,081				1,081	5 MO S/L	1,081	0
95	2 INTEL 1800 MHZ CUSTOM PRINTER	8/29/03	1,252				1,252	5 MO S/L	1,252	0
96	COMPUTERS/TOWERS	10/31/05	14,169				14,169	5 MO S/L	14,169	0
97	SOFTWARE UPDATE	1/31/06	14,870				14,870	3 MO S/L	14,870	0
98	4250 PRINTER	2/13/06	1,868				1,868	5 MO S/L	1,868	0
99	WINE RACKS	7/19/06	7,068				7,068	7 MO S/L	7,068	0
100	PHONE SYSTEM	4/28/00	3,711				3,711	5 MO S/L	3,711	0
101	ADDITIONAL CLASSROOM COSTS	4/10/07	34,208				34,208	39 MO S/L	8,040	878
102	ADA RAMP HAILEY CLASSROOM	6/10/07	15,370				15,370	39 MO S/L	3,547	394
104	CHAIRS	11/29/06	0				0	0 HY	0	0
105	TRUCK	3/05/07	0				0	0 HY	0	0
106	PRINTING PRESS	4/12/07	0				0	0 HY	0	0
107	TICKET PRINTER	5/14/07	0				0	0 HY	0	0
108	STAGE	6/13/07	0				0	0 HY	0	0
109	REMOTE CC MACHINE	7/20/07	0				0	0 HY	0	0
110	SIDES FOR BIG TENT AND NEW SMAL	9/13/07	0				0	0 HY	0	0
111	MONITORS/PRINTERS	11/13/06	0				0	0 HY	0	0
112	LAPTOP	11/13/06	0				0	0 HY	0	0
113	COMPUTER (DAVIDS)	11/17/06	0				0	0 HY	0	0
114	RAISERS EDGE UPGRADE	12/19/06	0				0	0 HY	0	0
115	MAESTRO SOFT INTERFACE	12/22/06	0				0	0 HY	0	0
116	ADOBE SOFTWARE	6/13/07	0				0	0 HY	0	0
117	COMPUTER LAB-HAILEY	11/07/07	0				0	0 HY	0	0
118	NEW COMPUTER-GIGI'S	11/19/07	0				0	0 HY	0	0
119	SOFTWARE FOR HCC MACS	2/13/08	0				0	0 HY	0	0
120	NEW TOWER (JOHN)	9/26/08	0				0	0 HY	0	0
121	LAND (SIMPLLOT LAND)	10/01/08	0				0	0 HY	0	0
128	CAPITALIZE PROPERTY TAXES	12/29/08	0				0	0 HY	0	0
179	LAND - LIBERTY THEATER	12/28/16	0				0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>2,220,536</u>				<u>2,220,536</u>		<u>704,068</u>	<u>32,666</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,220,536</u>				<u>2,220,536</u>		<u>704,068</u>	<u>32,666</u>
<b>Listed Property:</b>										
175	VEHICLE	7/28/15	15,208			X	7,604	5 HY 200DB	9,125	2,433
			<u>15,208</u>				<u>7,604</u>		<u>9,125</u>	<u>2,433</u>
<b>Grand Totals</b>			3,568,585				3,428,760		1,004,454	75,871
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>3,568,585</u>				<u>3,428,760</u>		<u>1,004,454</u>	<u>75,871</u>

23-7113276

**Depreciation Adjustment Report**

FYE: 5/31/2017

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	3	TENT	0	0	0
Page 1	1	4	ACCO CHAIR	0	0	0
Page 1	1	5	FAX MACHINE	0	0	0
Page 1	1	6	ANSWERING MACHINE	0	0	0
Page 1	1	7	C. HOLLOWAY-BANNER	0	0	0
Page 1	1	8	SECRETARIAL CHAIR	0	0	0
Page 1	1	9	BATTERY BACKUP	0	0	0
Page 1	1	10	CASES-OASIS STAGE	0	0	0
Page 1	1	11	WROS: FILE CABINETS	0	0	0
Page 1	1	12	CASH REGISTER	0	0	0
Page 1	1	13	LATERAL FILES	0	0	0
Page 1	1	14	CHAIR	0	0	0
Page 1	1	15	DESK-GALLERY	0	0	0
Page 1	1	16	DESK-GALLERY	0	0	0
Page 1	1	17	SOUND SYSTEM	0	0	0
Page 1	1	19	RECEPTION DESK	0	0	0
Page 1	1	20	2-HON CHAIRS	0	0	0
Page 1	1	21	LATERAL FILES	0	0	0
Page 1	1	22	1/2 SWITCHBOARD	0	0	0
Page 1	1	23	AUDIO SYSTEM	0	0	0
Page 1	1	24	OASIS STAGE	0	0	0
Page 1	1	25	5 TALBLES 20 S	0	0	0
Page 1	1	26	NEW SIGN	0	0	0
Page 1	1	27	EASELS	0	0	0
Page 1	1	28	DEPRECIATED ASSETS	0	0	0
Page 1	1	30	TELEPHONE AT&T	0	0	0
Page 1	1	31	EPSON COMPUTER (USED)	0	0	0
Page 1	1	122	SOUND BOARD FOR PA	0	0	0
Page 1	1	125	NEW SERVERS	0	0	0
Page 1	1	127	HARDWARE UPGRADE	0	0	0
Page 1	1	129	PROJECTOR	70	44	26
Page 1	1	130	3 COMPUTERS	0	0	0
Page 1	1	131	COMPUTER	0	0	0
Page 1	1	133	SECURITY CAMERAS	0	0	0
Page 1	1	134	AIR CON UNIT	0	0	0
Page 1	1	135	SIGNAGE-FLAG BANNERS	0	0	0
Page 1	1	136	FABRIC BANNERS	0	0	0
Page 1	1	137	3 COMPUTERS	0	0	0
Page 1	1	138	COMPUTER	0	0	0
Page 1	1	139	COMPUTER	0	0	0
Page 1	1	140	SHARP COPIER	411	411	0
Page 1	1	141	COMPUTERS	39	39	0
Page 1	1	142	COMPUTERS	58	58	0
Page 1	1	143	TELEPHONE SYSTEM	434	434	0
Page 1	1	144	TELECONFERENCE SYSTEM	468	468	0
Page 1	1	145	FRONT DOOR	117	117	0
Page 1	1	146	FILM PROJECT LIBERTY	588	588	0
Page 1	1	147	SHELVING FOR WA STORAGE UNIT	302	302	0
Page 1	1	148	VIDEO SWITCH LIBERTY	194	194	0
Page 1	1	150	3 COMPUTERS	406	162	244
Page 1	1	151	JOE'S NEW COMPUTER	444	444	0
Page 1	1	154	BOCA PRINTERS	177	177	0
Page 1	1	156	COMPANY OF FOOLS ASSETS	2,023	2,023	0
Page 1	1	157	IMPROVEMENTS - FRONT DESK AREA	90	90	0
Page 1	1	158	LASER PRINTER & WORKSTATIONS (2)	801	724	77
Page 1	1	159	COMPUTERS/MONITORS	335	206	129
Page 1	1	161	KO NEW COMPUTER	219	135	84
Page 1	1	162	COMPUTER - DENISE & HILLARY	226	121	105
Page 1	1	163	IPADS (3)	182	214	-32
Page 1	1	164	SERVER	1,500	1,580	-80
Page 1	1	165	MISC COMPUTER EQUIP	6,539	4,360	2,179
Page 1	1	166	THEATER LIGHTING	388	202	186
Page 1	1	167	TICKET SCANNERS	918	408	510
Page 1	1	168	ROOF REPLACEMENT	1,263	1,263	0
Page 1	1	169	INTERIOR PAINTING	141	141	0
Page 1	1	170	GALLERY LED FIXTURES	264	117	147



23-7113276

**Future Depreciation Report****FYE: 5/31/18**

FYE: 5/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	TENT	6/01/88	2,791	0	0
4	ACCO CHAIR	6/30/89	149	0	0
5	FAX MACHINE	6/30/89	956	0	0
6	ANSWERING MACHINE	6/30/89	71	0	0
7	C. HOLLOWAY-BANNER	7/31/89	444	0	0
8	SECRETARIAL CHAIR	7/31/89	83	0	0
9	BATTERY BACKUP	4/30/90	360	0	0
10	CASES-OASIS STAGE	7/31/89	748	0	0
11	WROS: FILE CABINETS	6/30/90	2,317	0	0
12	CASH REGISTER	5/03/92	593	0	0
13	LATERAL FILES	7/15/92	499	0	0
14	CHAIR	7/15/92	109	0	0
15	DESK-GALLERY	11/15/92	875	0	0
16	DESK-GALLERY	11/15/92	105	0	0
17	SOUND SYSTEM	11/15/92	840	0	0
19	RECEPTION DESK	6/15/93	391	0	0
20	2-HON CHAIRS	6/15/93	250	0	0
21	LATERAL FILES	6/15/93	930	0	0
22	1/2 SWITCHBOARD	3/15/94	1,141	0	0
23	AUDIO SYSTEM	3/15/94	1,184	0	0
24	OASIS STAGE	6/16/93	12,725	0	0
25	5 TALBLES 20 S	5/31/94	1,220	0	0
26	NEW SIGN	7/06/94	1,066	0	0
27	EASELS	7/08/94	779	0	0
28	DEPRECIATED ASSETS	1/01/95	74,275	0	0
30	TELEPHONE AT&T	7/31/90	586	0	0
31	EPSON COMPUTER (USED)	5/31/92	770	0	0
122	SOUND BOARD FOR PA	10/31/09	2,132	0	0
125	NEW SERVERS	3/15/09	6,721	0	0
127	HARDWARE UPGRADE	5/14/09	1,248	0	0
129	PROJECTOR	7/13/10	1,070	0	0
130	3 COMPUTERS	11/13/09	4,559	0	0
131	COMPUTER	12/13/09	1,352	0	0
133	SECURITY CAMERAS	8/17/11	2,303	0	0
134	AIR CON UNIT	9/30/11	1,457	0	0
135	SIGNAGE-FLAG BANNERS	8/10/11	1,368	0	0
136	FABRIC BANNERS	8/13/11	1,074	0	0
137	3 COMPUTERS	11/13/10	6,893	0	0
138	COMPUTER	7/31/11	1,200	0	0
139	COMPUTER	7/31/11	1,045	0	0
140	SHARP COPIER	8/06/12	7,186	120	120
141	COMPUTERS	1/13/12	1,313	0	0
142	COMPUTERS	3/14/12	1,291	0	0
143	TELEPHONE SYSTEM	4/14/13	20,328	372	372
144	TELECONFERENCE SYSTEM	9/13/13	8,994	402	402
145	FRONT DOOR	5/04/13	4,555	117	117
146	FILM PROJECT LIBERTY	6/13/13	4,840	504	504
147	SHELVING FOR WA STORAGE UNIT	10/13/13	2,483	258	258
148	VIDEO SWITCH LIBERTY	10/30/13	1,600	167	167
150	3 COMPUTERS	12/13/12	2,816	371	148
151	JOE'S NEW COMPUTER	2/13/13	3,086	408	408
154	BOCA PRINTERS	4/14/13	3,067	162	162
156	COMPANY OF FOOLS ASSETS	11/01/12	19,424	1,733	1,733
157	IMPROVEMENTS - FRONT DESK AREA	11/05/14	3,500	90	90
158	LASER PRINTER & WORKSTATIONS (2)	12/13/14	3,777	480	624
159	COMPUTERS/MONITORS	11/13/13	2,801	262	161
161	KO NEW COMPUTER	12/13/13	1,834	172	105
162	COMPUTER - DENISE & HILLARY	4/14/14	1,644	178	95
163	IPADS (3)	7/13/14	1,164	142	167
164	SERVER	10/31/14	8,582	1,174	1,235
165	MISC COMPUTER EQUIP	10/31/13	45,411	5,994	3,996
166	THEATER LIGHTING	2/13/14	2,776	277	145
167	TICKET SCANNERS	8/13/14	5,597	655	292
168	ROOF REPLACEMENT	12/03/13	49,285	1,264	1,264
169	INTERIOR PAINTING	5/29/14	5,500	141	141
170	GALLERY LED FIXTURES	10/09/14	1,612	189	84
172	WATER HEATER	5/23/16	1,166	30	30

23-7113276

**Future Depreciation Report****FYE: 5/31/18**

FYE: 5/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
86	COMPUTER - KRISTINE	2/04/02	970	0	0
87	MONITOR/BACKUP/DESKTOP	2/19/02	570	0	0
88	4 NEW COMPUTERS	2/22/02	2,692	0	0
89	3 NEW MONITORS	3/23/02	778	0	0
90	NEW MEMBERSHIP SOFTWARE	5/13/02	13,495	0	0
91	COMPUTER (KRISTINE)	1/30/03	1,029	0	0
92	NETDONORS SOFTWARE	3/17/03	2,400	0	0
93	TAPE DRIVE	6/07/03	894	0	0
94	LAPTOP	6/09/03	1,081	0	0
95	2 INTEL 1800 MHZ CUSTOM PRINTER	8/29/03	1,252	0	0
96	COMPUTERS/TOWERS	10/31/05	14,169	0	0
97	SOFTWARE UPDATE	1/31/06	14,870	0	0
98	4250 PRINTER	2/13/06	1,868	0	0
99	WINE RACKS	7/19/06	7,068	0	0
100	PHONE SYSTEM	4/28/00	3,711	0	0
101	ADDITIONAL CLASSROOM COSTS	4/10/07	34,208	877	877
102	ADA RAMP HAILEY CLASSROOM	6/10/07	15,370	394	394
103	LANDSCAPING HAILEY BUILDING	7/10/07	9,343	623	551
104	CHAIRS	11/29/06	1,653	0	0
105	TRUCK	3/05/07	4,593	0	0
106	PRINTING PRESS	4/12/07	7,539	0	0
107	TICKET PRINTER	5/14/07	1,571	0	0
108	STAGE	6/13/07	8,811	0	0
109	REMOTE CC MACHINE	7/20/07	1,030	0	0
110	SIDES FOR BIG TENT AND NEW SMALL TE	9/13/07	2,109	0	0
111	MONITORS/PRINTERS	11/13/06	1,460	0	0
112	LAPTOP	11/13/06	1,394	0	0
113	COMPUTER (DAVIDS)	11/17/06	1,571	0	0
114	RAISERS EDGE UPGRADE	12/19/06	8,543	0	0
115	MAESTRO SOFT INTERFACE	12/22/06	2,033	0	0
116	ADOBE SOFTWARE	6/13/07	5,298	0	0
117	COMPUTER LAB-HAILEY	11/07/07	12,340	0	0
118	NEW COMPUTER-GIGI'S	11/19/07	1,043	0	0
119	SOFTWARE FOR HCC MACS	2/13/08	11,488	0	0
120	NEW TOWER (JOHN)	9/26/08	1,027	0	0
121	LAND (SIMPLLOT LAND)	10/01/08	1,915,577	0	0
123	RASIER'S EDGE SOFTWARE	2/13/09	7,160	0	0
124	SOFTWARE UPGRADE	3/15/09	1,222	0	0
126	MCAFEЕ SOFTWARE	4/14/09	1,256	0	0
128	CAPITALIZE PROPERTY TAXES	12/29/08	400	0	0
132	SOFTWARE UPDATE	12/18/09	7,848	0	0
149	QB ENTERPRISE SOFTWARE	12/13/12	1,800	300	0
152	COMPUTER SOFTWARE FOR THEATER	3/15/13	2,428	405	0
153	BLACKBAUD-ADDITIONAL LICENSES	3/27/13	6,038	1,006	0
155	ADOBE SOFTWARE	10/31/13	5,912	985	0
160	RAISER'S EDGE	11/25/13	15,444	2,574	0
171	SOFTWARE - OMATIC	2/13/16	17,180	2,863	0
179	LAND - LIBERTY THEATER	12/28/16	375,961	0	0

**Total Other Depreciation**

4,661,608 41,421 33,216

**Total ACRS and Other Depreciation**

4,661,608 41,421 33,216

**Listed Property:**

175	VEHICLE	7/28/15	15,208	1,460	1,460
			15,208	1,460	1,460

**Grand Totals**

6,000,314 86,904 75,857

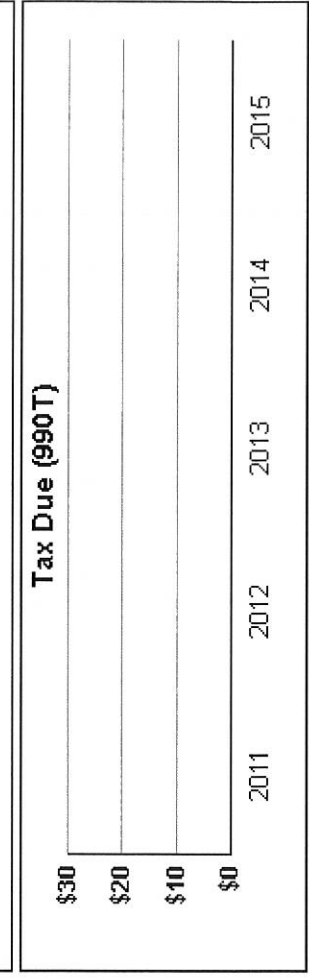
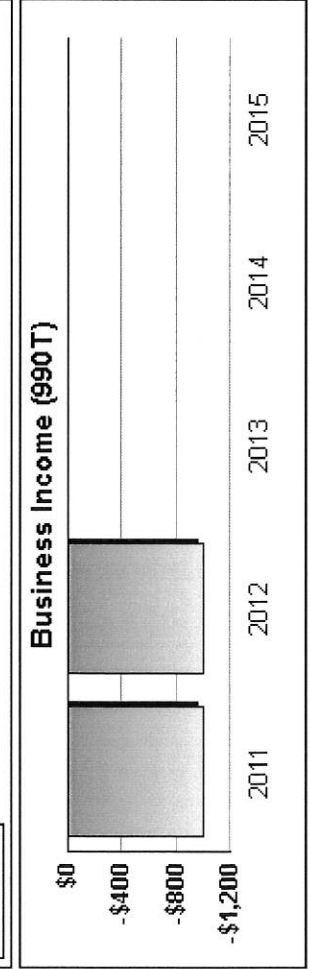
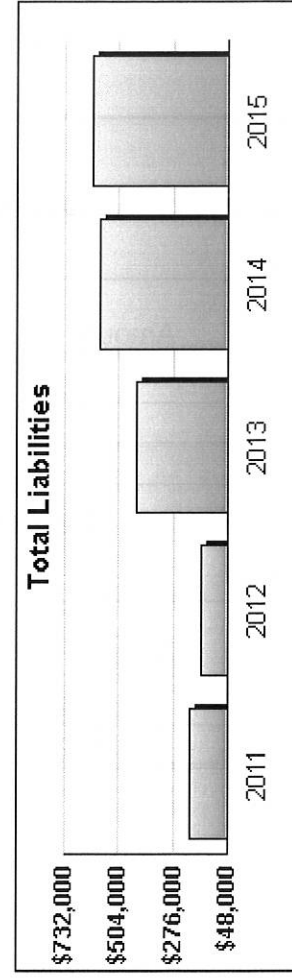
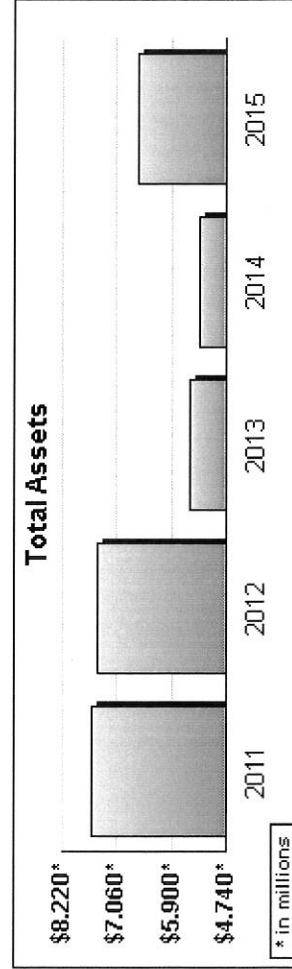
<b>Form 990</b>	<b>Tax Return History</b>		<b>2016</b>
Name		Employer Identification Number	
SUN VALLEY CENTER FOR THE ARTS, INC		23-7113276	

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	2,269,909	2,046,618	621,435	2,380,937	3,307,858	
Membership dues						
Program service revenue	543,671	739,602	239,733	855,293	858,134	
Capital gain or loss	40,139	54,098	35,529	3,566	45,887	
Investment income	26,029	25,590	15,340	26,761	21,325	
Fundraising revenue (income/loss)	254,348	25,538		127,818	213,972	
Gaming revenue (income/loss)	8,700	16,424				
Other revenue	-36,920		-1,116,721	6,802	34,515	
<b>Total revenue</b>	<b>3,105,876</b>	<b>2,907,870</b>	<b>-204,684</b>	<b>3,401,177</b>	<b>4,481,691</b>	
Grants and similar amounts paid	60,812	59,832	25,181	22,367	45,473	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,222,599	1,342,848	799,855	1,438,650	1,342,936	
Professional fees		267,761	133,578	481,202	371,654	
Occupancy costs	122,805	92,651	44,643	94,392	98,038	
Depreciation and depletion	59,161	83,377	42,787	109,067	87,652	
Other expenses	1,554,827	1,174,401	922,189	1,577,199	1,283,914	
<b>Total expenses</b>	<b>3,020,204</b>	<b>3,020,870</b>	<b>1,968,233</b>	<b>3,722,877</b>	<b>3,229,667</b>	
<b>Excess or (Deficit)</b>	<b>85,672</b>	<b>-113,000</b>	<b>-2,172,917</b>	<b>-321,700</b>	<b>1,252,024</b>	
Total exempt revenue	3,105,876	2,907,870	-204,684	3,401,177	4,481,691	
Total unrelated revenue						
Total excludable revenue	3,105,876	835,714	-826,119	892,422	959,861	
Total Assets	7,624,668	7,462,690	5,535,657	5,321,390	6,620,668	
Total Liabilities	212,383	162,855	431,655	585,508	618,423	
Net Fund Balances	7,412,285	7,299,835	5,104,002	4,735,882	6,002,245	

<b>Form 990T</b>	<b>Tax Return History</b>				<b>2016</b>
Name		SUN VALLEY CENTER FOR THE ARTS, INC			Employer Identification Number <b>23-7113276</b>

	2012	2013	2014	2015	2016	2017
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000	1,000				
<b>Income after expense and deductions</b> .....	<b>-1,000</b>	<b>-1,000</b>				
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



**Federal Statements****Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 29,090	\$ 29,090	\$	\$
CONTRACT SERVICES	91,335	91,335		
CONTRACT SERVICES	54,336	54,336		
CONTRACT SERVICES	133,199		8,007	125,192
CONSULTING	5,072	5,072		
CONSULTING	10,144	10,144		
CONSULTING	5,072	5,072		
CONSULTING	15,845		5,072	10,773
Total	\$ 344,093	\$ 195,049	\$ 13,079	\$ 135,965



## Federal Statements

12/6/2017 8:33 AM

### Schedule A. Part III. Line 1(e)

Description	Amount
MR & MRS PETER ROBERTS Cash Contribution	\$ 39,205
BILL & SHARON SHUBIN Cash Contribution	5,000
MR & MRS TOD R HAMACHEK Cash Contribution	44
PECO FOUNDATION Cash Contribution	2,890
THE ROBERT M ROGERS FOUNDATION Cash Contribution	24,700
WELLS FARGO BANK Cash Contribution	30,000
MR & MRS TIM WOLFF Cash Contribution	3,760
JOHN & BARBARA LEHMAN STOCK	4,921
PESKY FAMILY FOUNDATION Cash Contribution	26,564
MR & MRS STANLEY R. ZAX Cash Contribution	4,000
MR & MRS DAVID ANDERSON Cash Contribution	3,620
MR & MRS DAVID WOODWARD Cash Contribution	1,763
RICHARD SMOOKE Cash Contribution	2,750
JAMES REID Cash Contribution	12,490
PRESTON SARGENT Cash Contribution	2,480
SCHWAB CHARITABLE FOUNDATION Cash Contribution	350
MARTY ALBERTSON Cash Contribution	40,394
ROBERT DISBROW Cash Contribution	936
PETER PALMEDO	25,005

**Federal Statements****Schedule A, Part III, Line 1(e) (continued)**

Description	Amount
Cash Contribution	\$ 10,000
MITCHELL WOLFSON SENIOR FOUNDATION	
Cash Contribution	20,000
NATIONAL ENDOWMENT FOR THE ARTS	
Cash Contribution	15,000
NATIONAL PHILANTHROPIC TRUST	
Cash Contribution	5,000
ROBBINS DE BEAUMONT FOUNDATION	
Cash Contribution	15,000
ROY A HUNT FOUNDATION	
Cash Contribution	6,000
SILVER OAK CELLARS	
Cash Contribution	5,000
SPRING CREEK FOUNDATION	
Cash Contribution	5,000
STORM CASTLE FOUNDATION	
Cash Contribution	5,000
SUSAN & RICHARD HARE FAMILY FOUNDATI	
Cash Contribution	10,000
HARDIMAN FAMILY FOUNDATION	
Cash Contribution	12,500
MARSHALL FRANKEL FOUNDATION	
Cash Contribution	10,000
THE PITTSBURGH FOUNDATION	
Cash Contribution	11,000
RICHARD & SHIRLEY HEMINGWAY FOUNDATI	
Cash Contribution	10,000
SHUBERT FOUNDATION	
Cash Contribution	15,000
SWIG FOUNDATION	
Cash Contribution	11,000
TNC MANAGEMENT V, LLC	
Cash Contribution	10,000
US BANK FOUNDATION	
Cash Contribution	5,000
LESLEY ANDRUS	
Cash Contribution	5,000
ROBERT EDWARDS	

## Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
Cash Contribution WILLY WALKER	\$ 8,610
Cash Contribution GERALD WHITCOMB	12,237
Cash Contribution DAVID & PATRICIA WILSON	5,200
Cash Contribution JENNIFER WILSON	9,872
Cash Contribution GARY YOUNG	5,000
Cash Contribution WINE AUCTION	5,000
Cash Contribution	1,290,052
	53,528
	5,394
Total	<u>\$ 3,316,095</u>

Schedule A, Part III, Line 2(e)

Description	Amount
VISUAL ARTS FEES	\$ 88,342
PERFORMING ARTS FEES	486,414
EDUCATION FEES	44,427
DEVELOPMENT FEES	56,489
MEMBERSHIP	182,462
OTHER INCOME	4,643
TRANSACTION FEES	29,872
WINE AUCTION	580,366
CASINO ROYALE	
Total	<u>\$ 1,473,015</u>

**Federal Statements**

**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
WELLS FARGO BANK	\$	\$
2012	68,423	35,013
DAVID PYLE		
2013	49,133	15,427
STANLEY ZAX		
2015	42,463	6,695
2013	34,183	477
2012	40,791	7,381
MICHAEL MARKS FAMLY FOUNDATION		
2012	34,375	965
PETER ROBERTS		
2013	46,940	13,234
2012	37,774	4,364
JAMES REID		
2016	54,070	5,966
2015	39,985	4,217
Total	\$ <u>448,137</u>	\$ <u>93,739</u>

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public  
Inspection**A** For the 2016 calendar year, or tax year beginning **06/01/16**, and ending **05/31/17****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**SUN VALLEY CENTER FOR THE ARTS, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 656**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SUN VALLEY****ID 83353****F** Name and address of principal officer:**CHRISTINE DAVIS-JEFFERS****c/o PO Box 656****Sun Valley****ID 83353****D** Employer identification number**23-7113276****E** Telephone number**G** Gross receipts \$ **5,755,679****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **SUNVALLEYCENTER.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1971****M** State of legal domicile: **ID****Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities:		
	<b>TO ENRICH OUR COMMUNITY THROUGH TRANSFORMATIVE ARTS AND EDUCATIONAL EXPERIENCES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>54</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>467</b>	
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,380,937</b>	<b>3,307,858</b>
Expenses	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>855,293</b>	<b>858,134</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>30,327</b>	<b>67,212</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>134,620</b>	<b>248,487</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>3,401,177</b>	<b>4,481,691</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>22,367</b>	<b>45,473</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,438,650</b>	<b>1,342,936</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>562,150</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,261,860</b>	<b>1,841,258</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,722,877</b>	<b>3,229,667</b>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-321,700</b>	<b>1,252,024</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,321,390</b>	<b>6,620,668</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>585,508</b>	<b>618,423</b>
		<b>4,735,882</b>	<b>6,002,245</b>

**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

Date

**TIM WOLFF****PRESIDENT**

Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

**Linda P. Chambers**

Preparer's signature

**Linda P. Chambers**

Date

**12/06/17**Check ☐ if PTIN

self-employed

**P00157522**Firm's name ▶ **Becker, Chambers & Co., P.A.**Firm's EIN ▶ **84-0437743**Firm's address ▶ **PO Box 909  
Hailey, ID 83333-0909**Phone no. **208-788-9595**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

DAA



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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 IV		<b>X</b>
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	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
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		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
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		<b>X</b>
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)		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
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		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>78</b>	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>0</b>	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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	<b>54</b>	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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	Former			
(1) <b>TIM WOLFF</b>										
<b>PRESIDENT</b>	10.00 0.00	X		X				0	0	0
(2) <b>BARBARA LEHMAN</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(3) <b>TRINA PETERS</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(4) <b>KATHERINE RIXON</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(5) <b>SARAH WOODWARD</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(6) <b>TIMOTHY BLACK</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(7) <b>ROBERT DEGENNARO</b>										
<b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(8) <b>DAVID HANKS</b>										
<b>TREASURER</b>	4.00 0.00	X		X				0	0	0
(9) <b>BRITT PALMEDO</b>										
<b>DIRECTOR</b>	4.00 0.00	X						0	0	0
(10) <b>LISA STELCK</b>										
<b>VICE PRESIDENT</b>	4.00 0.00	X		X				0	0	0
(11) <b>TOD HAMACHEK</b>										
<b>SECRETARY</b>	4.00 0.00	X		X				0	0	0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,348,974			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,958,884			
	g Noncash contributions included in lines 1a-1f: \$		1,365,975			
	<b>h Total. Add lines 1a-1f</b>		<b>3,307,858</b>			
<b>Program Service Revenue</b>	2a PERFORMING ARTS FEES	Busn. Code	486,414	486,414		
	b MEMBERSHIP		182,462	182,462		
	c VISUAL ARTS FEES		88,342	88,342		
	d DEVELOPMENT FEES		56,489	56,489		
	e EDUCATION FEES		44,427	44,427		
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>858,134</b>			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		21,325		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	953,481			
b Less: cost or other basis & sales exps.			907,594			
c Gain or (loss)			45,887			
d Net gain or (loss)			45,887			45,887
8a Gross income from fundraising events (not including \$ 1,348,974 of contributions reported on line 1c). See Part IV, line 18		a	580,366			
b Less: direct expenses		b	366,394			
c Net income or (loss) from fundraising events			213,972			
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		Busn. Code				
11a TRANSACTION FEES		29,872	29,872			
b OTHER INCOME		4,643	4,643			
c						
d All other revenue						
e Total. Add lines 11a-11d		34,515				
<b>12 Total revenue. See instructions.</b>		<b>4,481,691</b>	<b>892,649</b>	<b>0</b>	<b>67,212</b>	



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	25,788	1	297,819
	2 Savings and temporary cash investments	167,045	2	341,158
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	53,180	4	46,497
	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	166,939	9	139,700
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,277,993		
	b Less: accumulated depreciation	10b 1,108,270		
		3,976,110	10c	5,169,723
	11 Investments—publicly traded securities	932,328	11	625,771
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,321,390	16	6,620,668	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	190,447	17	70,614
	18 Grants payable		18	
	19 Deferred revenue	395,061	19	522,706
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	25,103
	26 <b>Total liabilities.</b> Add lines 17 through 25	585,508	26	618,423
	<b>Net Assets or Fund Balances</b>	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		4,656,882	27	5,841,430
28 Temporarily restricted net assets		54,000	28	155,815
29 Permanently restricted net assets		25,000	29	5,000
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		4,735,882	33	6,002,245
34 <b>Total liabilities and net assets/fund balances</b>	5,321,390	34	6,620,668	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

**SUN VALLEY CENTER FOR THE ARTS, INC**

Employer identification number

**23-7113276****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,099,569	2,051,718	621,435	2,578,791	3,316,095	10,667,608
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,215,417	1,293,310	239,738	971,274	1,473,015	5,192,754
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,314,986	3,345,028	861,173	3,550,065	4,789,110	15,860,362
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	370,090	155,965	111,859	368,706	394,205	1,400,825
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	47,723	29,138		10,912	5,966	93,739
<b>c</b> Add lines 7a and 7b	417,813	185,103	111,859	379,618	400,171	1,494,564
<b>8 Public support.</b> (Subtract line 7c from line 6.)						14,365,798

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6	3,314,986	3,345,028	861,173	3,550,065	4,789,110	15,860,362
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,029	25,590	15,340	26,761	21,325	115,045
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	26,029	25,590	15,340	26,761	21,325	115,045
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,341,015	3,370,618	876,513	3,576,826	4,810,435	15,975,407
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	89.92 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	16	89.35 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	1 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
11c		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

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



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

OMB No. 1545-0047

**2016**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**SUN VALLEY CENTER FOR THE ARTS, INC****23-7113276**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 filing 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 33<sup>1</sup>/<sub>3</sub> % 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 501(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) filing 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 totaling \$5,000 or more during the year ▶ \$ .....

**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).

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

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



Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

**Part I 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
7	MR & MRS TIM WOLFF PO BOX 7759 KETCHUM ID 83340	\$ 61,947	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	MR & MRS CHIP FISHER PO BOX 6983 KETCHUM ID 83340	\$ 7,272	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JOHN & BARBARA LEHMAN 101 WARREN STREET, APT 2710 NEW YORK NY 10007	\$ 50,992	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR & MRS WILLIAM MCMORROW 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PESKY FAMILY FOUNDATION PO BOX 3876 KETCHUM ID 83340	\$ 44,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MR & MRS STANLEY R. ZAX 813 N. BEDFORD DRIVE BEVERLY HILLS CA 90210	\$ 123,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SCHWAB CHARITABLE FOUNDATION 101 MONTGOMERY STREET SAN FRANCISCO CA 94104	\$ 40,394	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	WOLFF FAMILY FOUNDATION 6710 E CAMELBACK ROAD SUITE 100 SCOTTSDALE AZ 85251	\$ 80,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WOLFF COMPANY II, LLC 6710 E CAMELBACK ROD SUITE 100 SCOTTSDALE AZ 85251	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MARTY ALBERTSON PO BOX 3309 KETCHUM ID 83340	\$ 20,936	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DONALD BRANDT 4963 E PALOMINO ROAD PHOENIX AZ 85018	\$ 30,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ROBERT DISBROW PO BOX 885 SUN VALLEY ID 83353	\$ 25,005	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

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23-7113276

**Part I 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
31	JAMES J COLT FOUNDATION BAKER TILLY VIRCHOW KRAUSE LLP 1 PENN PLAZA STE 3000 NEW YORK NY 10119	\$ 18,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MICHAEL S ENGL FAMILY FOUNDATION PO BOX 2500 SUN VALLEY ID 83353	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	PERLMAN FAMILY FOUNDATION 1016 5TH AVE APT 15B NEW YORK NY 10028	\$ 20,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	QUINN FAMILY FOUNDATION 43231 VIA SIENA INDIAN WELLS CA 92210	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SHANNON CAHILL 737 OLIVE WAY #3901 SEATTLE WA 98101	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	DOUG HICKEY PO BOX 4748 KETCHUM ID 83340	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

**Part I 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
43	FRANKLIN WEINBERG FUND PO BOX 9040 KETCHUM ID 83340	\$ 7,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	HIGH COUNTRY FUSION 621 N MAIN STREET BELLEVUE ID 83313	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	IDAHO COMMISSION ON THE ARTS PO BOX 83720 BOISE ID 83720	\$ 19,867	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	IDAHO COMMUNITY FOUNDATION 210 W STATE STREET BOISE ID 83702	\$ 9,012	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JP MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LIND ROAD SUITE 150 JENKINTOWN PA 19046	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	MF FOUNDATION PO BOX 210545 SAN FRANCISCO CA 94129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

**Part I 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
55	SILVER OAK CELLARS PO BOX 414 OAKVILLE CA 94562	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	SPRING CREEK FOUNDATION 127 UNIVERSITY AVE BERKELEY CA 94710	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	STORM CASTLE FOUNDATION 2775 SAND HILL ROAD SUITE 100 MENLO PARK CA 94025	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	SUSAN & RICHARD HARE FAMILY FOUNDATI PO BOX 2508 SUN VALLEY ID 83353	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	HARDIMAN FAMILY FOUNDATION 2 WYNDHURST AVENUE APT 2 BALTIMORE MD 21210	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MARSHALL FRANKEL FOUNDATION 319 LAFAYETTE ST SANDWICH IL 60548	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



## Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

## Employer identification number

23-7113276

**Part I** 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
67	LESLEY ANDRUS 35 GREENHORN GULCH ROAD HAILEY ID 83333	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	ROBERT EDWARDS PO BOX 5070 KETCHUM ID 83340	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	JEFF GARGIULO 575 OAKVILLE CROSSROAD NAPA CA 94558	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	DANA GARMANY 132 E INDIAN BEND ROAD PARADISE VALLEY AZ 85253	\$ 8,919	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	RONALD GREENSPAN PO BOX 2466 KETCHUM ID 83340	\$ 7,638	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	JULIE GULICK 7816 NE 32ND STREET MEDINA WA 98039	\$ 10,262	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

**Part I 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
79	DAN KOSTA PO BOX 1555 SEBASTOPOL CA 95470	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	CONSTANCE LAWTON 777 N BONHILL RD LOS ANGELES CA 90049	\$ 10,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	KENNETH LEWIS PO BOX 10170 KETCHUM ID 83340	\$ 11,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	KALEIM MANJI 7121 E RANCHO VISTA DRIVE #4006 SCOTTSDALE AZ 85251	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	JON MASTERSON PO BOX 1174 HAILEY ID 83333	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	ROB MCGOWAN PO BOX 3433 SUN VALLEY ID 83353	\$ 5,394	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SUN VALLEY CENTER FOR THE ARTS, INC

Employer identification number

23-7113276

**Part I 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
91	LISA STELCK PO BOX 2706 SUN VALLEY ID 83353	\$ 7,290	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	GREG STRIMPLE 702 W IDAHO STREET STE 700 BOISE ID 83702	\$ 8,280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	MICHAEL TOWERS 24 ROY STREET SEATTLE WA 98109	\$ 9,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	JOHN UNDERWOOD PO BOX 1004 SUN VALLEY ID 83353	\$ 8,610	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	WILLY WALKER PO BOX 3023 SUN VALLEY ID 83353	\$ 12,237	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	GERALD WHITCOMB PO BOX 14849 TUMWATER WA 98511	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**SUN VALLEY CENTER FOR THE ARTS, INC**

Employer identification number

**23-7113276****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
7	STOCK	\$ 53,528	
9	STOCK	\$ 26,564	
29	LIBERTY THEATER - 110 N MAIN	\$ 1,247,000	12/28/16
37	STOCK	\$ 23,489	
76	STOCK	\$ 10,000	
84	STOCK	\$ 5,394	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance .....	1c
d Additions during the year .....	1d
e Distributions during the year .....	1e
f Ending balance .....	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	957,328	1,019,695	1,040,405	1,014,061	994,729
b Contributions .....					5,672
c Net investment earnings, gains, and losses .....	21,553	30,327	29,208	74,407	17,128
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	328,110	8,241	49,918	48,063	3,468
f Administrative expenses .....	20,000				
g End of year balance .....	630,771	957,328	1,019,695	1,040,405	1,014,061

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

- a Board designated or quasi-endowment ▶ 99.21 %  
 b Permanent endowment ▶ 0.79 %  
 c Temporarily restricted endowment ▶ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations .....	3a(i)	X
(ii) related organizations .....	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		3,026,934		3,026,934
b Buildings .....		2,605,726	585,691	2,020,035
c Leasehold improvements .....				
d Equipment .....		343,228	258,136	85,092
e Other .....		302,105	264,443	37,662
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				5,169,723



Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

**SUN VALLEY CENTER FOR THE ARTS, INC**

Employer identification number

**23-7113276****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .....☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....		▶				

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III. Grant or assistance information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS		45,473			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) TIM BLACK CUSTOM CABINETRY	DIRECTOR	7,714	THEATER SET PRODUCTI		X
(2) LORNA'S CATERING	EMPLOYEE RELATI	19,747	EVENT CATERING		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.



**Part II** **Supplemental Information.** 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.

Name of the organization

Employer identification number

SUN VALLEY CENTER FOR THE ARTS, INC

23-7113276

REVIEW DATA PROVIDED BY A SEARCH FIRM, AND CONDUCT A PERFORMANCE REVIEW.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR DETERMINED THE COMPENSATION FOR ALL OTHER EMPLOYEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Program Service

Mgt &amp; General

Fundraising

CONTRACT SERVICES

\$ 29,090

\$ 0

\$ 0

CONTRACT SERVICES

\$ 91,335

\$ 0

\$ 0

CONTRACT SERVICES

\$ 54,336

\$ 0

\$ 0

CONTRACT SERVICES

\$ 0

\$ 8,007

\$ 125,192

CONSULTING

\$ 5,072

\$ 0

\$ 0

CONSULTING

\$ 10,144

\$ 0

\$ 0

CONSULTING

\$ 5,072

\$ 0

\$ 0

CONSULTING

\$ 0

\$ 5,072

\$ 10,773

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**Attachment  
Sequence No. **179**

Name(s) shown on return

**SUN VALLEY CENTER FOR THE ARTS, INC**

Identifying number

**23-7113276**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,010,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	<b>9,950</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>41,424</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>21,545</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>9,950</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>1,991</b>
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>12/28/16</b>	<b>877,241</b>	39 yrs.	MM	S/L	<b>10,309</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>2,433</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>87,652</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)