

Short Form

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Opera House Players Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 421 City or town, state or province, country, and ZIP or foreign postal code Elkader, IA 52043	D Employer identification number 45-1511984 E Telephone number 563-873-2378 F Group Exemption Number ▶
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ www.operahouseplayers.com		
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Membership - Theater Organization		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 71,644		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	29,331
	2 Program service revenue including government fees and contracts	2	42,050
	3 Membership dues and assessments	3	0
	4 Investment income	4	263
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	71,644	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	216
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	20,186
	14 Occupancy, rent, utilities, and maintenance	14	12,874
	15 Printing, publications, postage, and shipping	15	5,908
	16 Other expenses (describe in Schedule O)	16	22,316
17 Total expenses. Add lines 10 through 16 ▶	17	61,500	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,144
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	150,573
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	160,717

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	150,573	22 160,717
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	150,573	25 160,717
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	150,573	27 160,717

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Spring Play "Comedy of Tenors" performed. 14 actors cast & Crew. 478 audience members in 6 performances		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,347
29 Summer Children's Theater "Gulliver's Travels" performed. 60 actors cast & crew. ~400 audience members in 2 performances		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,638
30 Fall Musical "Mary Poppins" performed. 40 actors cast & crew. 2738 audience members in 7 performances.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	31,268
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,976
32 Total program service expenses (add lines 28a through 31a)	32	41,229

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jon K. Banse, President Box 312 Strawberry Point, IA 52076	2	0	0	0
Barbara K. Chandler, Recording Secretary 100 Haven Dr. Elkader, IA 52043	1	0	0	0
Craig H. Strutt, Treasurer 414 Main St. McGregor, IA 52157	4	0	0	0
Kay Moser, Vice President 908 Carter Road, Elkader, IA 52043	2	0	0	0
Terri A. Strutt, Corresponding Secretary 414 Main St. McGregor, IA 52157	2	0	0	0
Del Reimer, Director Elkader, IA 52043	0	0	0	0
Marge Banse, Director Box 312 Strawberry Point, IA 52076	0	0	0	0
Diane Fisk, Director Monona, IA 52159	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Craig Strutt Telephone no. ▶ 563-873-2378 Located at ▶ 414 Main St, McGregor, IA ZIP + 4 ▶ 52157-0503		
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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

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	<i>Craig H Strutt</i> Signature of officer	Date
	Craig H Strutt, Treasurer Type or print name and title	February 7, 2019

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Opera House Players	Employer identification number 45-1511984
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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 33¹/₃% 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 33¹/₃% 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)						
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18193	15429	67365	37256	29332	167575
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33973	51205	50984	45711	42050	223923
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	52166	66634	118349	82967	71382	391498
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						391498

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	51266	66634	118349	82967	71382	391498
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149	1342	239	424	263	2417
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	149	1342	239	424	263	2417
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	52315	67976	118588	83391	71645	393915
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.6 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.6 %
19a 33 1/3% support tests—2018. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2017. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Schedule O for Line 16 - Last year

1/1/2018 through 12/31/2018

2/7/2019

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Category	1/1/2018- 12/31/2018
OUTFLOWS	
2018summer.e	
housing	300.00
set	63.30
TOTAL 2018summer.e	363.30
Almostmaine.e	
set	115.24
strike	34.58
TOTAL Almostmaine.e	149.82
Best2017.e	
costumes	42.80
TOTAL Best2017.e	42.80
Christmas2018.e	
music	72.69
TOTAL Christmas2018.e	72.69
Comedytenors.e	
costumes	354.42
set	635.25
strike	53.93
TOTAL Comedytenors.e	1,043.60
Gifts	69.94
Insurance	942.00
Planning	131.68
Poppins.E	
costumes	2,251.19
set	14,304.77
shirts	1,073.16
strike	65.85
TOTAL Poppins.E	17,694.97
Repairs	941.00
Supplies	458.95
Tickets	405.66
TOTAL OUTFLOWS	22,316.41
OVERALL TOTAL	-22,316.41

Line 32 Form 990-EZ

Summer Play - "Almost Maine" 21 actors cast & crew. 194 members in 3 performances. \$1630

Christmas Fantasy Concert. 60 participants - ~250 audience members in 1 performance \$346

Account Balances - As of 12/31/2018

Account	12/31/2018 Balance
Bank Accounts	
Checking	19,277.97
Freedombank Checking	1,271.37
Freedombank Savings	15,568.60
Renovation	53,445.20
Savings 757-2	10,750.56
TOTAL Bank Accounts	100,313.70
Asset Accounts	
CD#1703337	10,090.01
CD#1703338	25,187.85
CD#1703339	25,125.34
TOTAL Asset Accounts	60,403.20
OVERALL TOTAL	160,716.90

Banking Summary1 - Last year

1/1/2018 through 12/31/2018

2/7/2019

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Category	1/1/2018- 12/31/2018
INCOME	
Almostmaine.i	
tickets	2,356.83
TOTAL Almostmaine.i	2,356.83
Catchme.i	
patron	0.00
TOTAL Catchme.i	0.00
Christmas2018.i	
donations	285.50
TOTAL Christmas2018.i	285.50
Comedytenors.i	
tickets	5,777.92
TOTAL Comedytenors.i	5,777.92
Costume_Rental	1,108.00
Donation	103.00
Memorial	25.00
TOTAL Donation	128.00
Eddiejester.i	
patron	1,895.00
TOTAL Eddiejester.i	1,895.00
GiftCertificate	100.00
Grant Income	3,500.00
Interest	31.34
Interest.i	
cd	151.44
renovation	80.12
TOTAL Interest.i	231.56
itruns.i	
patron	1,901.00
TOTAL itruns.i	1,901.00
Members	17,779.00
Members.i	
memorial	10.00
TOTAL Members.i	10.00
Missoula2018.i	
donation	150.00
TOTAL Missoula2018.i	150.00
NonOHPinc	0.00
Poppins.I	
donation	148.00
patron	2,004.00
shirts	974.00
tickets	30,898.50
TOTAL Poppins.I	34,024.50
Rentals	0.00
OHPLights	260.00
OHPSound	125.00
Tickets	0.00
TicketSeller	0.00
TOTAL Rentals	385.00

Banking Summary1 - Last year

1/1/2018 through 12/31/2018

2/7/2019

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Category	1/1/2018- 12/31/2018
summer18.i	
registration	450.00
tickets	1,531.00
TOTAL summer18.i	1,981.00
TicketPrinting	0.00
Willy.i	
tickets	0.00
TOTAL Willy.i	0.00
TOTAL INCOME	71,644.65

EXPENSES

2018summer.e	
housing	300.00
royalties	3,025.00
set	63.30
TOTAL 2018summer.e	3,388.30
Advertising	1,679.93
Almostmaine.e	
advertising	212.33
production	385.00
programs	125.99
rent	380.20
royalties	376.32
set	115.24
strike	34.58
TOTAL Almostmaine.e	1,629.66
Best2017.e	
choreography	250.00
costumes	42.80
production	2,450.00
TOTAL Best2017.e	2,742.80
Catchme.e	
royalty	55.00
TOTAL Catchme.e	55.00
Christmas2018.e	
advertising	147.79
music	72.69
rent	125.00
TOTAL Christmas2018.e	345.48
Comedytenors.e	
advertising	224.81
costumes	354.42
production	1,790.83
programs	305.39
rent	882.40
royalties	99.50
set	635.25
strike	53.93
TOTAL Comedytenors.e	4,346.53
Eddiejester.e	
royalties	225.00

Banking Summary1 - Last year

1/1/2018 through 12/31/2018

2/7/2019

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Category	1/1/2018- 12/31/2018
TOTAL Eddiejester.e	225.00
Gifts	69.94
Improvements	8,308.26
Insurance	942.00
itruns.e	
programs	238.80
royalty	780.00
TOTAL itruns.e	1,018.80
Lights Exp	113.07
Membership dues	50.00
Missoula.e	
production	250.00
TOTAL Missoula.e	250.00
Planning	131.68
Poppins.E	
advertising	113.69
choreography	2,000.00
costumes	2,251.19
production	2,575.00
Programs	1,746.53
rent	2,190.40
royalty	4,899.18
set	14,304.77
shipping	48.17
shirts	1,073.16
strike	65.85
TOTAL Poppins.E	31,267.94
Postage	103.50
Printing	103.90
Producers.e	
royalties	800.00
TOTAL Producers.e	800.00
Prof. Dues	175.00
Rentals.e	
advertising	615.60
TOTAL Rentals.e	615.60
Repairs	941.00
Special	
Ads	241.50
TOTAL Special	241.50
Sponsor	216.00
Supplies	458.95
Tickets	405.66
Willy.e	
rent	875.00
TOTAL Willy.e	875.00
TOTAL EXPENSES	61,500.50
OVERALL TOTAL	10,144.15