

Short Form

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

▶ 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 2019 calendar year, or tax year beginning , 2019, 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		D Employer identification number 45-1511984
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 421		E Telephone number 563-873-2378
	City or town, state or province, country, and ZIP or foreign postal code Elkader, IA 52043		F Group Exemption Number ▶
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

I Website: ▶ www.operahouseplayers.com

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: Corporation Trust Association 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 ▶ \$ **68,796**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																22,585											
	2	Program service revenue including government fees and contracts																44,869											
	3	Membership dues and assessments																											
	4	Investment income																880											
	5a	Gross amount from sale of assets other than inventory																462											
	b	Less: cost or other basis and sales expenses																540											
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																-78											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																68,256												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																18,619											
	14	Occupancy, rent, utilities, and maintenance																42,863											
	15	Printing, publications, postage, and shipping																5,532											
	16	Other expenses (describe in Schedule O)																17,714											
17	Total expenses. Add lines 10 through 16 ▶																84,728												
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																-16,472											
	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)																160,717											
	20	Other changes in net assets or fund balances (explain in Schedule O)																465											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																144,710											

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	160,717	144,710
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	160,717	144,710
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,717	144,710

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? Theater and arts Promotion

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

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.

28 Spring Play "It Runs in the Family" 17 actors & crew 661 Attended - 6 Performances		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,601
29 Fall Musical "The Producers" 33 actors & Crew 1703 Attended - 7 performances		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	21,917
30 Holiday Play "Fruitcakes" 33 actors & Crew 867 Attended - 6 performances		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,203
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	6,727
32 Total program service expenses (add lines 28a through 31a)	32	38,448

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
<u>Jon K. Banse, President</u> Box 312 Strawberry Point, IA 52076	2	0	0	0
<u>Barbara K. Chandler, Recording Secretary</u> 100 Haven Dr. Elkader, IA 52043	1	0	0	0
<u>Craig H. Strutt, Treasurer</u> 414 Main St McGregor, IA 52157	4	0	0	0
<u>Kay Moser, Vice President</u> 908 Carter Road Ekader, Ia 52043	2	0	0	0
<u>Terri A. Strutt, Corresponding Secretary</u> 414 Main St McGregor, IA 52157	2	0	0	0
<u>Del Reimer, Director</u> Elkader, IA 52043	0	0	0	0
<u>Marge Banse, Director</u> Box 312 Strawberry Point, IA 52076	0	0	0	0
<u>Diane Fisk, Director</u> 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

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
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 52157 ZIP + 4 52157-0503
42b 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).
42c 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
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
45b 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

	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	Craig H Strutt <small>Digitally signed by Craig H Strutt DN: cn=Craig H Strutt, o=Opera House Players, ou, email=craig@operahouseplayers.org Date: 2020.02.12 10:14:27 -0800</small>	Date
	Craig H. Strutt Type or print name and title	February 12, 2020

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

2019

Open to Public Inspection

Name of the organization Opera House Players	Employer identification number 451511984
--------------------------------------------------------	----------------------------------------------------

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)(vii)**. (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)						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15429	67365	37256	29331	22585	171966
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	51205	50984	45711	42050	44869	234819
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	66634	118349	82967	71381	67454	406785
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.)						406785

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	66634	118349	82967	71381	67454	406785
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1342	239	424	728	880	3613
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	1342	239	424	728	880	3613
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.)	67976	118588	83391	72109	68334	410398
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 2019 (line 8, column (f), divided by line 13, column (f))	15	99 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.8 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.6 %

- 19a 33 1/3% support tests—2019.** 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—2018.** 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

2019 Schedule O for Line 16 - 20 - 31 - Last year

1/1/2019 through 12/31/2019 (Cash Basis)

2/12/2020

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	Category	1/1/2019- 12/31/2019
Line 16 -	EXPENSES	
Form 990-EZ	Costumes	3,039.33
	Eddiejester.e	246.82
	Fruitcakes.e	912.52
	Improvements	134.80
	Insurance	1,030.00
	itrans.e	1,570.56
	Misc	20.00
	Producers.e	8,930.81
	Repairs	128.62
	Supplies	1,099.06
	Wearemonsters.e	601.94
	TOTAL EXPENSES	17,714.46
	OVERALL TOTAL	-17,714.46

Line 20 990-EZ

2018 Interest on CD not previously reported

Line 31 990-EZ

Summer Black Box Show "A Year in the Death of Eddie Jester" 15 Actors & Crew

130 attended - 3 performances \$2367

Children's Camp Show "We are Monsters" - 40 Actors & Crew - 145 Attended 1 Performance

\$4360

Opera House Players

451511984

Account Balances - As of 12/31/2019

Account	12/31/2019 Balance
Bank Accounts	
CSB Checking	15,923.92
CSB Savings 757-2	1,764.02
Freedombank Checking	1,271.37
Freedombank Savings	46,373.06
Renovation	53,567.49
TOTAL Bank Accounts	118,899.86
Asset Accounts	
CD#1703339	25,810.47
TOTAL Asset Accounts	25,810.47
OVERALL TOTAL	144,710.33

Banking Summary 2019 - Last year

1/1/2019 through 12/31/2019

2/12/2020

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Category	1/1/2019- 12/31/2019
INCOME	
Costume_Rental	683.00
Eddiejester.i	
patron	6.25
shirts	155.00
tickets	1,692.15
TOTAL Eddiejester.i	1,853.40
Fourweddings.i	
patron	1,807.00
TOTAL Fourweddings.i	1,807.00
Fruitcakes.i	
patron	1,812.25
tickets	10,862.82
TOTAL Fruitcakes.i	12,675.07
GiftCertificate	65.00
Interest	540.06
Interest.i	
cd	433.25
renovation	122.29
TOTAL Interest.i	555.54
itruns.i	
patron	6.25
shirts	277.00
tickets	8,384.49
TOTAL itruns.i	8,667.74
Members	16,134.96
Producers.i	
patron	2,818.25
tickets	21,153.14
TOTAL Producers.i	23,971.39
Rentals	
OHPLights	430.00
OHPSound	255.00
TicketSeller	40.00
TOTAL Rentals	725.00
Special.inc	0.00
TicketPrinting	0.00
Video	30.00
Wearemonsters.i	
registration	580.00
tickets	723.00
TOTAL Wearemonsters.i	1,303.00
TOTAL INCOME	69,011.16
EXPENSES	
Advertising	1,099.60
Christmas2018.e	
advertising	104.00
TOTAL Christmas2018.e	104.00
Costumes	3,039.33

Banking Summary 2019 - Last year

1/1/2019 through 12/31/2019

2/12/2020

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Category	1/1/2019- 12/31/2019
Eddiejester.e	
advertising	483.42
costumes	61.01
housing	119.40
production	777.00
programs	125.99
rent	329.00
royalties	87.90
set	89.81
shirts	197.07
strike	96.00
TOTAL Eddiejester.e	2,366.60
Fourweddings.e	
programs	132.65
royalties	1,056.70
TOTAL Fourweddings.e	1,189.35
Fruitcakes.e	
advertising	93.63
costumes	124.54
programs	683.57
rent	1,393.60
royalties	1,011.01
scripts	118.25
Set	617.98
shirts	-9.75
strike	170.00
TOTAL Fruitcakes.e	4,202.83
Improvements	37,404.93
stagefloor	134.80
TOTAL Improvements	37,539.73
Insurance	1,030.00
itruns.e	
advertising	325.11
costumes	383.28
production	2,025.00
programs	331.57
rent	1,078.80
set	1,126.38
shirts	270.00
strike	60.90
TOTAL itruns.e	5,601.04
Matilda	
royalties	810.00
TOTAL Matilda	810.00
Membership dues	238.00
Misc	20.00
Poppins.E	
royalty	-120.00
TOTAL Poppins.E	-120.00
Postage	105.25
Producers.e	

Banking Summary 2019 - Last year

1/1/2019 through 12/31/2019

2/12/2020

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Category	1/1/2019- 12/31/2019
advertising	718.27
choreography	2,500.00
costumes	5,948.22
make-up	82.93
production	2,325.00
programs	1,297.91
rent	2,237.40
royalties	3,907.53
set	2,629.05
shirts	58.82
strike	211.79
TOTAL Producers.e	21,916.92
Repairs	128.62
Shipping	20.00
Special	
Misc	0.00
TOTAL Special	0.00
Sponsor	0.00
Summer2020.e	
royalties	479.00
TOTAL Summer2020.e	479.00
Supplies	1,099.06
Video.e	40.00
Wearemonsters.e	
advertising	11.34
costumes	316.69
housing	300.00
production	3,015.00
royalties	389.00
set	92.53
shirts	43.00
supplies	192.72
TOTAL Wearemonsters.e	4,360.28
TOTAL EXPENSES	85,269.61
TRANSFERS	
FROM CSB Savings 757-2	9,000.00
FROM Freedombank Checking	5,000.00
FROM Freedombank Savings	5,000.00
FROM CD#1703337	10,090.01
FROM CD#1703338	25,187.85
TO CSB Checking	-14,000.00
TO Freedombank Checking	-5,000.00
TO Freedombank Savings	-35,277.86
TOTAL TRANSFERS	0.00
OVERALL TOTAL	-16,258.45