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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	e 2014 (alendar year, or tax year beginnin	g10/01/14	land ending	09/30/	<u> 15 </u>		
В	Check if a	ipplicable:	C Name of organization					D Employe	er identification number
	Address o	change	IRONWOO	D THEATRE,	INC.				
$\overline{\Box}$	Name cha	ongo	Doing business as					38-2	833204
	Name cna	ange	Number and street (or P.O. box if mail is not	delivered to street add	ress)		Room/suite	E Telephor	ne number
	Initial retu	ırn	P.O. BOX 197					906-	932-0618
	Final retur terminated		City or town, state or province, country, and Z	IP or foreign postal co	ode				
			IRONWOOD	MI 49	938			G Gross red	ceipts\$ 147,046
Ш	Amended	l return	F Name and address of principal officer:						
	Applicatio	n pending	LEE-ANN GARSKE				H(a) Is this a gro	oup return for	subordinates Yes X No
			P.O. BOX 197				H(b) Are all sub-	ordinates inc	cluded? Yes No
			IRONWOOD	мт	49938		If "No,"	attach a list	. (see instructions)
_	Toy ever	mat status	X 501(c)(3) 501(c) (◀ (insert no.)	4947(a)(1) or	527	-		
		mpt status:	RONWOODTHEATRE • NET		4947(a)(1) 01	527	-		_
_	Website					T	H(c) Group exer	-	
		00000	X Corporation Trust Association	on Other		L	Year of formation: $oldsymbol{1}$	988	M State of legal domicile: MI
ľ	art I		mmary						
-	1 E		scribe the organization's mission or	most significant	activities:				
၁င		SEE	SCHEDULE O						
nar									
Governance									
ó	2 (Check th	s box if the organization disco	ntinued its opera	tions or dispose	ed of more that	n 25% of its net	assets.	
∞ ∞			of voting members of the governing b	-	4 \			_	9
Se			of independent voting members of th			b)		4	9
ij	5 7	Total nu	nber of individuals employed in caler	dar vear 2014 (I	Part \/ line 2a\			5	1
Activities								_	100
ĕ			nber of volunteers (estimate if neces						
	/a :	i otai uni	elated business revenue from Part V	iii, column (C), i	ine 12			7a	0
	1 d	Net unre	ated business taxable income from I	orm 990-1, line	34		Prior Yea		Current Year
	8 Contributions and grants (Part VIII, line 1h)							873	65,307
ne									
Revenue		_	service revenue (Part VIII, line 2g)					667	71,046
è			nt income (Part VIII, column (A), line			,641	16		
_			enue (Part VIII, column (A), lines 5,					,988	10,677
			enue – add lines 8 through 11 (must					,169	147,046
	13 (Grants a	nd similar amounts paid (Part IX, col	umn (A), lines 1-	-3)		4	500	0
	14 E	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)					0
S	15 5	Salaries	other compensation, employee bene	efits (Part IX, col	umn (A), lines 5	–10)	40	52,933	
Expenses	16aF	Profession	nal fundraising fees (Part IX, columr	n (A), line 11e)					0
be			draising expenses (Part IX, column (D). line 25) ▶	9,	353			
Ä			penses (Part IX, column (A), lines 11	a_11d 11f_24e		7.7.7	138	,568	154,150
			enses. Add lines 13–17 (must equal					8,887	207,083
		-	less expenses. Subtract line 18 fron		(A), iiile 23)			718	-60,037
OF P	19 [veveline	1633 expenses. Subtract line 16 HOH	1 IIII			Beginning of Cur		End of Year
Net Assets or Fund Balances	20 7	Total ass	ets (Part X, line 16)					,235	411,538
ASS	21 7	Total liak						,048	4,388
let let	22 1		ts or fund balances. Subtract line 21	from line 20				,187	407,150
	art II	00000	anature Block	110111 11116 20			107	, ±0,	107/130
00000000000									
			perjury, I declare that I have examined the omplete. Declaration of preparer (other t						of my knowledge and belief, it is
	ao, oon	T &	omplete. Decidiation of preparer (other t	nan omoer, is basi	os on an informati	on or willon pie	paror rias arry KIIC	T	
٠.		•							
Sig	_	5	gnature of officer					Date	
He	re	• -	LEE-ANN GARSKE			BOARI	TREASU	RER	
_		T	pe or print name and title						
		Print/Typ	preparer's name	Preparer's sign	ature		Date	Check	if PTIN
Pai	d	KAREN	KERBER, CPA					self-en	mployed P00566016
Pre	parer	Firm's na		S.C.			l c	rm's EIN	39-1658423
	Only	Timis name , REREBERIODE D.C.							37 1030123
	-,	F: ,		54166				.	715-526-9400
1/10	v tha ID	Firm's ac	_		etructions)		•	hone no.	
ivia	y u ie iR	ง นเรเน	ss this return with the preparer show	ii above ! (See In	อแนนแบทธ์)				X Yes No

Pa	art III	Statement of Program			e in this Part III	X
1	Briefly de	escribe the organization's mis		onse of note to any line	e III IIIIS Pail III	
S	EE SC	CHEDULE O				
2	Did the c	organization undertake any si	gnificant program s	ervices during the year whi	ch were not listed on the	
	•					Yes X No
_		describe these new services				
3	bid the d	organization cease conductin	_	_		Yes X No
		· describe these changes on S				les 21 NO
4				ments for each of its three la	argest program services, as measured b	y
			–		amount of grants and allocations to other	s,
	the total	expenses, and revenue, if ar	ny, for each progran	n service reported.		
42	(Code:) (Expenses \$	142.340	including grants of\$) (Revenue \$	1
		DE HIGH QUALITY	Y ENTERTAI	NMENT, MAINTA	IN AND RESTORE THE H	ISTORIC
I	RONWO	OOD THEATRE ANI	PROVIDE	ACCOMODATIONS	FOR OTHER ORGANIZAT	IONS TO
E	NTER	TAIN THE SURROU	JNDING COM	MUNITIES.		
4b	(Code:) (Expenses \$		including grants of\$) (Revenue \$)
	(0000.) (=xperiess \$\psi\$, (nerenae 4	/
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					
4c	(Code:) (Expenses \$		including grants of\$) (Revenue \$)
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • •				•••••	
	• • • • • • • • • • • • • • • • • • • •					
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4d		ogram services (Describe in				
4-	(Expense		including grants) (Revenue \$)
40	าบเลเบเับ	gram service expenses	144,	JIU		

Form 990 (2014) IRONWOOD THEATRE, INC.
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) IRONWOOD THEATRE, INC.

Part IV Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	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? If "Yes," complete Schedule J	23		Х
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
;	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
}	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):			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
•	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
,)	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule in	23		- 22
,	conservation contributions? If "Yes," complete Schedule M	20		х
		30		Λ
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
2	Part I	31		X
•	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	00		v
	complete Schedule N, Part II	32		Х
•	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
ŀ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			7.5
_	or IV, and Part V, line 1	34		X
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
•	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
,	Part VI	37		X
7	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X

Form 990 (2014) IRONWOOD THEATRE, INC. 38-28

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Pa	rt V .				<u>.</u>	<u>. LL</u>
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	d					
	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		s?		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	tions)					7.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot		-			ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or othe	er iinar	iciai		40	ļ	х
h	account)? If "Yes," enter the name of the foreign country: ▶				4a		Λ
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance						
	(FBAR).	iai Ac	Courts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	r2			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trains		 nn?		5b		X
C	If "Vee" to line Fe or Fh. did the experiention file Form 2000 TO				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d				-		
- u	organization solicit any contributions that were not tax deductible as charitable contributions?				6a	ļ	х
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions			-		
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods				
	and services provided to the payor?			0000	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				ļ	
	required to file Form 8282?	,			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file				7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the				
_					8		
9	Sponsoring organizations maintaining donor advised funds.						
a					9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:	100					
 а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			[13a		
	Note. See the instructions for additional information the organization must report on Schedule O.						
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	13b					
С	Enter the amount of reserves on hand	13c					
14a					14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	edule ()		14b		

Form 990 (2014) IRONWOOD THEATRE, INC. 38-2833204 Page 6 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 1a Enter the number of voting members of the governing body at the end of the tax year 9 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. Enter the number of voting members included in line 1a, above, who are independent 9 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI 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. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: >

MI 49938 906-932-0618

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 Comp	pensated Em	ployee
---	-------------	--------

- 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 or	ganization nor	any r	elate	ed or	gan	ization	n co	mpensated any current of	officer, director, or trustee	
(A) Name and Title Average hours per week (list any hours for			k, unle	heck ss pe nd a d	ition more rson i	than one is both ar or/trustee)	n e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-NIIGC)	organization and related organizations
(1) BRUCE GREENHILL										
EXECUTIVE DIRECTOR	40.00	х						41,600	0	0
(2) R. T. WILLIAMS	5.00									
PRESIDENT	0.00	x		х				0	0	0
(3) SAM FILIPPO										
	4.00							_	_	
SECRETARY	0.00	Х		X			_	0	0	0
(4) LEE-ANN GARSKE	3.00									
TREASURER	0.00	х		х				0	0	0
(5) KAREN HAGEMANN								-		
<u></u>	5.00									
BOARD MEMBER (6) LARRY GABKA	0.00	Х						0	0	0
(6) LARRI GABRA	1.00									
BOARD MEMBER	0.00	x						0	0	0
(7) BETSY WESSELHOF	Т									
	4.00									
VICE PRESIDENT (8) DAVID SIM	0.00	X		Х				0	0	0
(8)DAVID SIM	1.00									
BOARD MEMBER	0.00	х						0	0	0
(9) NICOLE HOM										
<u></u>	2.00									
BOARD MEMBER	0.00	Х						0	0	0
(10) CANDACE POGLIAN	2.00									
BOARD MEMBER	0.00	х						0	0	0
(11)										

Pa	rt VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (contin	ued)			
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o is both or/trust	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timate nount other pensa	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizat I relat nizati	tion ted	
(12)							d							
(13)														
(14)														
(15)														
(16)														
(47)														
(17)														
(18)														
(19)														
1b c	Sub-total							>	41,600					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	including but no	t lim	ited	<u></u>			▶ ed al	bove) who received more	than \$100,000 of				
3	Did the organization list any the employee on line 1a? If "Yes	former officer, o	direc	tor,						ensated			Yes	No X
4	For any individual listed on linguistration and related organization	ne 1a, is the sur anizations great	m of er th	repo nan S	ortab 150	ole c 0,000	omp)? If	ens "Ye:	ation and other compensa s," complete Schedule J fo	or such	4	Ļ		X
5	individual											5		X
	ion B. Independent Contrac									U 0400 000 f				
1	Complete this table for your f compensation from the organ	nization. Report							llendar year ending with or	within the organization's	tax year.		(0)	
	Name and	(A) d business address							Descrip	(B) tion of services		Com	(C) npensat	tion
2	Total number of independent	t contractors (in	clud	ing b	out n	ot lir	nited	d to	those listed above) who					

Form 990 (2014) IRONWOOD THEATRE, INC. 38-2833204 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) (B) Related or Total revenue exempt husiness revenue under sections 512-514 function revenue 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d Program Service Revenue and Other Sim 18,100 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 47,207 1f \$ **g** Noncash contributions included in lines 1a-1f: 65,307 h Total. Add lines 1a-1f Busn. Code 49,470 49,470 PERFORMANCE ADMISSIONS 11,60311,603CONCESSIONS 5,000 5,000 C SPONSORSHIPS 4,125 4,125 RENTALS MISCELLANEOUS 848 848 f All other program service revenue 71,046 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 16 Income from investment of tax-exempt bond proceed Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 10,677 **b** Less: direct expenses b 10,677 c Net income or (loss) from fundraising events **9a** Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code

147,046

71,062

0

11a

d All other revenue e Total. Add lines 11a–11d

12 Total revenue. See instructions. .

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

	Check if Schedule O contains a respon	(A)	(B)	(C)	X
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	41,600	20,800	14,560	6,240
6	Compensation not included above, to disqualified	11,000	20,000	11,500	0,210
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,578	3,289	2,302	987
8	Pension plan accruals and contributions (include	0,570	3,203	2,502	307
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Downell toyen	4,755	2,378	1,664	713
11	Fees for services (non-employees):	2,733	2,370	2,002	, 15
 а	Management				
b	Legal				
c	Accounting	5,276		5,276	
d	Labbuing	57 =7 5		7270	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	41,088	41,088		
12	Advertising and promotion	16,188	14,775		1,413
13	Office expenses	24,061		24,061	
14	Information technology	,		•	
15	Royalties	9,438	9,438		
16	Occupancy	25,302	18,108	7,194	
17	Travel	,		•	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	207		207	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,831	13,831		
23	Insurance	4,168	4,042	126	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MANTEANANCE	10,284	10,284		
b	SUPPLIES	4,307	4,307		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	207,083	142,340	55,390	9,353
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

-	art A	Check if Schedule O contains a response or	r note to any lin	e in this Part X			
		·	,		(A) Beginning of year		(B) End of year
	1	Cook non interest bearing			17,096	1	930
	2	Cash—non-interest bearing			58,189		26,204
	3	Savings and temporary cash investments			30,109	3	20,201
	4	Pledges and grants receivable, net Accounts receivable, net				4	
	5	Loans and other receivables from current and form				4	
	"	trustees, key employees, and highest compensate	-	ectors,			
		Complete Part II of Cahadula I				5	
	6	Loans and other receivables from other disqualifie	od poreone (ae	dofined under section		3	
	"	4958(f)(1)), persons described in section 4958(c)(
		sponsoring organizations of section 501(c)(9) volu			lu		
'n		organizations (see instructions). Complete Part II		6			
Assets	_			7			
As	7 8				1,486	8	1,486
	9	Dranaid avacase and deferred charges			1,400	9	1,400
	_	Land, buildings, and equipment: cost or				9	
	IVa		100	588 278			
	۱ ۲	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	588,278 333,220	268,604	100	255,058
	11	- L L.P. L	[100]		200,001	11	233,030
	12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1				12	
	13	Investments—program-related. See Part IV, line 1	'			13	
	14				14		
	15	Intangible assets Other assets. See Part IV, line 11		127,860		127,860	
	16	Total assets. Add lines 1 through 15 (must equal	473,235	16	411,538		
	_	Accounts payable and accrued expenses		175/255	17	888	
	18				18		
	19	B ()			19		
	20	Tay avament hand liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	ort IV of Schedu			21	
s	22	Loans and other payables to current and former o				4 1	
Liabilities		trustees, key employees, highest compensated er		J.,			
igi		disqualified persons. Complete Part II of Schedule	. 1			22	
Ë	23	·			3,953	23	2,419
	24	Unsecured notes and loans payable to unrelated	detail a cattai		3,733	24	
	25	Other liabilities (including federal income tax, paya		third			
		parties, and other liabilities not included on lines 1					
		of Schedule D	, .		2,095	25	1,081
	26	Total liabilities. Add lines 17 through 25			6,048		4,388
	- -	Organizations that follow SFAS 117 (ASC 958)			· / · = ·	_0	=, = ,
Š		complete lines 27 through 29, and lines 33 and					
lan	27	Unrestricted net assets			464,394	27	404,357
Ва	28	Temporarily restricted net assets			2,793	28	2,793
nd	29				•	29	•
Ţ		Organizations that do not follow SFAS 117 (AS	SC 958), check	here and			
Net Assets or Fund Balances	1	complete lines 30 through 34.	••				
ets	30	Capital stock or trust principal, or current funds				30	
٩SS	31	Paid-in or capital surplus, or land, building, or equ	ipment fund			31	
e j	32	Retained earnings, endowment, accumulated inco	ome, or other fu	ınds		32	
Z	33	Total net assets or fund balances	467,187		407,150		
	34	Total liabilities and net assets/fund balances			473,235	34	411,538

Form **990** (2014)

Pa	art XI Reconciliation of Net Assets				1
	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			046
2	Total expenses (must equal Part IX, column (A), line 25)	2			083
3	Revenue less expenses. Subtract line 2 from line 1	3			037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46	7,1	187
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	40	7,1	<u> 150</u>
Pa	art 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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		3b		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2014

Employer identification number

38-2833204

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

IRONWOOD THEATRE, INC.

organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV, Sections A and C.

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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

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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your governing other support (see (described on lines 1-9 support (see above or IRC section document? instructions) instructions) (see instructions)) Yes Nο (A) (B) (C) (D) (E)

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.)

	tion A. Public Support	•	•		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is for the	e organization's f	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he						>
Sec	tion C. Computation of Public S						_
14	Public support percentage for 2014 (line			olumn (f))			<u>%</u>
15	Public support percentage from 2013 Sc						<u>%</u>
16a	33 1/3% support test—2014. If the orga				4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qua	•					▶ ∐
b	33 1/3% support test—2013. If the orga						
	check this box and stop here. The organ						▶ □
17a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization me				•	•	
	Part VI how the organization meets the "	facts-and-circums	stances" test. The	e organization qua	ilifies as a publicly	supported	▶ □
_	organization						▶ ⊔
b	10%-facts-and-circumstances test—2	_					
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization n			_	•	, ,	. □
40							▶ ⊔
18	Private foundation. If the organization of						▶ □
	instructions						<u> </u>

38-2833204

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

(Complete only if you checked the box on line 9 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.)

500	ation A Public Cupport	quality under	the tests lister	a below, pieas	e complete i a	ait ii.)	
	ction A. Public Support ndar year (or fiscal year beginning in) ▶	(-) 0040	(1) 0044	(1) 0040	(1) 0040	(.) 0044	(O. T. (.)
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,898	50,894	75,033	97,873	65,307	351,005
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	46,573	85,292	84,200	61,655	81,739	359,459
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	108,471	136,186	159,233	159,528	147,046	710,464
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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			5,000			5,000
С	Add lines 7a and 7b			5,000			5,000
8	Public support (Subtract line 7c from			5,000			2,000
	line 6.)						705,464
Sec	tion B. Total Support			<u> </u>	<u> </u>		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	108,471	136,186	159,233	159,528	147,046	710,464
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260	1 076	0.000	0.641		T 104
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	369	1,276	2,908	2,641		7,194
С	Add lines 10a and 10b	369	1,276	2,908	2,641		7,194
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	504					504
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	109,344	137,462	162,141	162,169	147,046	718,162
14	First five years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)	
_	organization, check this box and stop her						<u></u> ▶ ∟
	tion C. Computation of Public S					Г	
15	Public support percentage for 2014 (line 8	3, column (f) divid	ed by line 13, col	umn (f))		15	98.23%
16	Public support percentage from 2013 Sch					16	96.29%
	tion D. Computation of Investme					T T	
17	Investment income percentage for 2014 (13, column (f))			1%
18	Investment income percentage from 2013					18	1%_
19a	33 1/3% support tests—2014. If the orga						⊾ ⊽
L	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2013. If the orga	-	-				► X
b	line 18 is not more than 33 1/3%, check the						Iu
20	Private foundation. If the organization di	-	_	•			

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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 Part VI, 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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 Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) 10a (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
_		
5a		
5b 5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
10b		
orm 990 c	r 990-E	Z) 2014

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			_
а	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	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 Part VI 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
0001	ion of Type in outporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
OCCL	on b. All Type in 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		163	140
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	4		
2	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 Part VI 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 Part VI the role the organization's	•		
Sooti	supported organizations played in this regard.	3		
	ion 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 instruction).	ons):		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	structio	ins).	
2 /	Activities Test Anguar (a) and (b) helew	ſ	Vac	Nic
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI 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	0-		
	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٠.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 t	trust on Nov. 20	, 1970. See instruction	ns. All			
other Type III non-functionally integrated supporting organizations must comp	olete 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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
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 Total (add lines 1a, 1b, and 1c)	1d					
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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-	3000	III supporting organiza	tion (see			
instructions).			•			

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3	-	izations (continued)	201 rage r
Sect	ion D - Distributions	, ,, ,		Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s			
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations are supported organizations.	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(11)	/m
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u>b</u>				
c				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8 	Breakdown of line 7:			
<u>a</u> b				
	Excess from 2013			
	Excess from 2014			
<u> </u>	ENGOGO HOME ZO IT I I I			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (F	Form 990 or 990-EZ)	2014 IRONWOOD	THEATRE,	INC.	38-283320	4 Page 8
Part VI	Supplemental	Information. Prov	ide the explana	ations required b	38-283320 by Part II, line 10; Part II, line	e 17a or 17b; and
	rait III, IIIIe 12	. Also complete tris	s part for arry a	dullional illionna	ation. (See instructions.)	
• • • • • • • • • • • • • • • • • • • •						
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• · · · · · · · · · · · · · · · · · · ·						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

T	RONWOOD THEATRE, INC.		38-2833204
	art I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds	or Accounts
1 (Complete if the organization answered "Yes" to	Form 990 Part IV line 6	or Accounts.
	Complete it the organization and words 1 of the	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		-
5	Did the organization inform all donors and donor advisors in writing the		□ v _{aa} □ Na
•	funds are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or do		\square v \square v.
D	conferring impermissible private benefit?		Yes No
P	conservation Easements. Complete if the organization answered "Yes" to	Form 000 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education)	=	
	Protection of natural habitat	Preservation of a certified histor	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a c	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a	
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year		
4	Number of states where property subject to conservation easement is	s located ▶	
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during	the year
			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easements during the y	rear
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stat	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of Art		er Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its finan	icial statements that describes these it	ems.
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	•	
	works of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasures,		n, provide the
	following amounts required to be reported under SFAS 116 (ASC 958		
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		> \$

	ıed)
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 d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	
XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form	j
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?	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year 1d	
e Distributions during the year 1e f Ending balance 1f	
f Ending balance	—
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	No
Part V Endowment Funds.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ack
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶%	
b Permanent endowment ▶ %	
c Temporarily restricted endowment ▶%	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
· · · · · · · · · · · · · · · · · · ·	No
(i) unrelated organizations 3a(i)	
(ii) related organizations 3a(ii)	
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value	υ.
(a) Cost of other basis (b) Cost of other basis (c) Accompliated (d) Book value (investment) (other) depreciation	
10 Lord	
1a Land	
b Buildings 406,665 172,905 233,7 c Leasehold improvements 406,665 172,905 233,7	60
d Equipment 181,613 160,315 21,2 e Other	<u>ن ر</u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	58

onio a ano B	(1 01111 000	,			
Part VII	Invas	tmant	s_Other Sec	uritias	

Part VII	Investments—Other Securities.	' to Form 000 Dort IV	ling 11h Coo Form 00	O Dort V line 12
	Complete if the organization answered "Yes' (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial	doub.cotic.co		Oct of the of your	market value
(1) Financial				
	eld equity interests			
/ A \				
(E)				
(F) (G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
rait VIII	Complete if the organization answered "Yes"	' to Form 000 Part I\/	line 11c See Form 00	0 Part V line 12
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) book value	Cost or end-of-year	
(1)			0001 01 0114 01 704	manor value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_ ` '	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix	Complete if the organization answered "Yes'	to Form 990 Part IV	line 11d See Form 99	0 Part X line 15
-	(a) Description	10 1 01111 000, 1 411 11,	1110 114. 000 1 01111 00	(b) Book value
(1)		N COMMUNITY FO	OII	127,860
(2)				2277000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		•	127,860
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Fo	orm 990. Part X.
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes	1 001		
	OLL LIABILITIES	1,081		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		1		

1,081

X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial			•
Complete if the organization answered "Yes" to Fort	m 990, Part IV, line 12	<u>′a.</u>	147,046
 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			147,040
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	147,046
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	145 046
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			147,046
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" to Fore			· · · · · · · · · · · · · · · · · · ·
1 Total expenses and losses per audited financial statements			207,083
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	207 092
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	207,083
a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	207,083
Part XIII Supplemental Information.	,		<u>-</u>
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2	b; 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 in	nformation.	
PART X - FIN 48 FOOTNOTE			
THE ORGANIZATION IS A CHARITABLE ORGAN	TZATTON IINDER	SECTION 501	(C)(3) OF
	121111011 0110111	DECITOR 503	
THE INTERNAL REVENUE CODE AND THUS IS	EXEMPT FROM I	NCOME TAXES.	GIFTS,
GRANTS AND BEQUESTS ARE DEDUCTIBLE BY	DONORS WITHIN	LIMITATIONS	OF THE
INTERNAL REVENUE CODE.			
THE ORGANIZATION CONTINUALLY EVALUATES	TTS TAY POST	TTON CHANGE	מ.ז צמיד ווז פי
		11011, 01111101	
AND NEW AUTHORITATIVE RULINGS FOR POTE	NTIAL IMPLICA	TIONS TO ITS	TAX STATUS
THE ORGANIZATION'S FEDERAL INCOME TAX	RETURNS ARE	SUBJECT TO E	EXAMINATION
GENERALLY FOR THREE YEARS AFTER THEY A	ספ פדופה אמה	TTC CTATE TN	ICOME TAY
GENERALLI FOR THREE TEARS AFTER THEI A	YR LINEN WIN	TIS STATE IL	COME IAA
RETURNS GENERALLY FOR FOUR YEARS AFTER	THEY ARE FIL	ED.	
• • • • • • • • • • • • • • • • • • • •			
•			

Schedule D (F	Form 990) 2014	4 IRONWOO	D THEATRE	, INC.	38-283320	4	Page 5
Part XIII	Suppleme	ental Informat	DD THEATRE (tion (continued)				
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2014

► Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization

Employer identification number IRONWOOD THEATRE, INC. 38-2833204 FORM 990 - ORGANIZATION'S MISSION TO PROVIDE CULTURAL ENTERTAINMENT OF THE HIGHEST QUALITY TO THE GREATEST NUMBER OF CITIZENS IN THE UPPER PENINSULA OF MICHIGAN AND NORTHERN WISCONSIN AT AFFORDABLE PRICES. TO OPERATE, MAINTAIN AND RESTORE THE HISTORIC IRONWOOD THEATRE AS A REGIONAL CENTER FOR THE ARTS FOR THE BENEFIT OF AREA COMMUNITIES. FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS COMPRISED OF MEMBERS FROM THE COMMUNITY WHO ARE IN SUPPORT OF THE THEATRE'S MISSION. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PROVIDED TO THE TREASURER, WHO REVIEWS THE RETURN AND APPROVES IT BEFORE IT IS FILED. FORM 990 IS NOT PROVIDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS FROM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION PROGRAM SERVICE MGT & GENERAL FUNDRAISING PERFORMANCE/EVENT EXPENSES:51 21,525 PERFORMANCE/EVENT EXPENSES:51

Form **4562**

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.

OMB No. 1545-0172 **2014**

Attachment 17

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

IRONWOOD THEATRE, INC.

Identifying number 38-2833204

2 Total cost of section 179 property placed in service (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Description of property 6 (b) Cost touriness use only) 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected cost of section of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Beat section 179 expenses deduction from line 13 of your 2013 Form 4562 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 11 Sustaines in column (c), lines 6 and 7 12 Special deduction 6 2015 Add lines 9 and 10, leas line 12 12 Section 179 expenses deduction Add lines 9 and 10, leas line 12 12 Section 179 expenses deduction 10 Add lines 9 and 10, leas line 12 12 Section 179 expenses deduction 10 Add lines 9 and 10, leas line 12 13 Special depreciation allowance for qualified property (left than listed property) placed in service unique that years beginning before 2014 14 Special depreciation allowance for qualified property (left from line 10 years limitation) 15 Property year limitation 10 years limitation 10 years limitation 10 years limitation 10 years limitation		111011110		,			100		
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here and on the appropriate lines of your return. Partnerships and S corporations—see instructions				7, lines 19 and 20 in co	olumn (g), and	line 21. Ent	er		_
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portion of the basis attributable to section 263A costs 23	23		-						
		portion of the basis attributable	to section 263A cost	S		23			