Form **990**

Return of Organization Exempt From Income Tax

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

			e Service							Inspection	
										30 , 20 17	
В	Chec	eck if applicable:		C Name of organization I	RONWOOD THEATRE, IN	c.			D	Employer identification no.	
	Addr	ess ch	nange Doing business as							38-2833204	
	Nam	e chan	nge	Number and street (or P.O. box if mail is not delivered to street address)				Room/suite	Room/suite E Telephone number		
	Initia	return	า	PO BOX 197					(906)932-0618		
\Box	Final	return	/terminated	City or town, state or province, country, and ZIP or foreign postal code				1		217,323	
\equiv		nded re		IRONWOOD, MI 49938					٦	Gross receipts\$	
\equiv								11/-2			
Ш	Appii	cation	pending	F Name and address of principal officer:			H(a) Is this a group				
			<u> </u>				H(b) Are all subo				
<u> </u>	Tax-e	exemp	empt status:					If "No," attach a list. (see instructions)			
J	Web	site:	► N/A					H(c) Group exemption number ▶			
K	Form	of org	ganization: X	Corporation Trust	Association	L	Year of formation: 1	988 M State	of legal	domicile: MI	
Pa	art I		Summary								
		1 1	Briefly descr	ibe the organization's r	nission or most significant acti	vities: TO PF	OVIDE CULTU	JRAL ENTERT	AINMI	ENT OF HIGHEST	
Governance		(QUALITY TO THE GREATEST NUMBER OF CITIZENS IN UPPER PENINSULA OF MICHIGAN AND NORTHERN								
		-	WISCONSIN AT AFFORDABLE PRICES. TO OPERATE, MAINTAIN AND RESTORE THE HISTORIC IRONWOOD								
nal		-	THEATRE AS A REGIONAL CENTER FOR THE ARTS FOR THE BENEFIT OF								
Ver		-		heck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
9				mber of voting members of the governing body (Part VI, line 1a)					3	10	
Activities &				-						10	
				· -	nbers of the governing body (F				4	10	
					ed in calendar year 2016 (Par				5	1	
Act		6	Total numbe	r of volunteers (estimat	e if necessary)				6	100	
_					rom Part VIII, column (C), line				7a	0	
		b I	Net unrelate	d business taxable inc	ome from Form 990-T, line 34				7b	0	
								Prior Year		Current Year	
		8 (Contributions	Contributions and grants (Part VIII, line 1h)					,361	109,131	
ne		9	Program ser	am service revenue (Part VIII, line 2g)				82,938		84,571	
Revenue		0 1	Investment in	ncome (Part VIII, colum	nn (A), lines 3, 4, and 7d)			3	,256	5,045	
	1			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				14,323		12,946	
		12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						149,878		211,693	
-	_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					5,000		0	
				aid to or for members (Part IX, column (A), line 4)				3,000			
			•	ther compensation, employee benefits (Part IX, column (A), lines 5-10)					,442	50,017	
es	'			al fundraising fees (Part IX, column (A), line 11e)					, 444		
Expenses	'									0	
			Total fundraising expenses (Part IX, column (D), line 25) ► 10,998								
	'		'	enses (Part IX, column (A), lines 11a-11d, 11f-24e)				128,883		152,383	
			•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)				179,325		202,400	
	_	9	Revenue less expenses. Subtract line 18 from line 12					(29,447)) 9,293	
ē	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						_	Beginning of Current	Year	End of Year	
sets			Total assets (Part X, line 16)					384,96		406,540	
A A	2	21	Total liabilities (Part X, line 26)					4,21		6,275	
		_			ract line 21 from line 20			380	,744	400,265	
Pa	art I	I	Signatu	re Block							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
	, соп	COL, an	ia compicio. De	olaration of preparer (other the	arromeer) is based on an information of	which preparer has a	iy knowicage.				
			ZONA	WICK							
Sig	jn	IJ	Signature of officer Date								
He	re		ZONA WICK, VICE PRESIDENT								
		Type or print name and title									
			Print/Type pre	eparer's name	Preparer's signature		Date	Check X	if P	TIN	
Paid			Guy Tri		Guy Trier		8-09-2018			P01249783	
Preparer		ror	_		-		0-03-2010			E 0 1 2 7 7 1 0 3	
Use Only			Firm's name		rier CPA			Firm's EIN ►			
US	e U	iiiy	Firm's addres		Aurora Street			Phone no.			
Ironwood MI 49938									16-93	32-4370	
Maν	/ the	IRS	discuss this	return with the prepare	er shown above? (see instructi	ons)				🗌 Yes 🛛 No	