Form	990
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(Rev. January 2020)

OMB No. 1545-0047

U	Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Α For the 2019 calendar year, or tax year beginning 10-01 2019, and ending 09-30 ,2020 R Check if applicable: C Name of organization IRONWOOD THEATRE, INC. D Employer identification number Address change Doing business as 38-2833204 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return O BOX 187 (906)932 - 0618Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return RONWOOD, MI 49938 193,667 \$ Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Vac X No H(b) Are all subordinates included? Yes No X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Tax-exempt status: J Website: N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: MI Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CULTURAL ENTERTAINMENT OF HIGHEST QUALITY TO THE GREATEST NUMBER OF CITIZENS IN UPPER PENINSULA OF MICHIGAN AND NORTHERN Activities & Governance WISCONSIN AT AFFORDABLE PRICES. TO OPERATE, MAINTAIN AND RESTORE THE HISTORIC IRONWOOD THEATRE AS A REGIONAL CENTER FOR THE ARTS Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 . . . 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 2 6 Total number of volunteers (estimate if necessary) 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7a **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 238,829 124,932 Revenue 9 Program service revenue (Part VIII, line 2g) 98,533 62,454 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,863 6,281 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 21,188 · . . (1,907)Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 367,413 191,760 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>24</u>,641 32,101 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . . . b Total fundraising expenses (Part IX, column (D), line 25) ► 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 140,196 101,889 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 164,837 133,990 19 Revenue less expenses. Subtract line 18 from line 12 202,576 57,770 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 839,629 772,353 21 Total liabilities (Part X, line 26) 46,167 43,882 22 Net assets or fund balances. Subtract line 21 from line 20 726,186 795,747 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ZONA WICK Sign Signature of officer Date Here ZONA WICK, PRESIDENT Type or print name and title

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	Print/Type preparer's name		Preparer's signature		Date		Check X if	PTIN		
Paid	Guy Trier		Guy Trier		12-07-2020		self-employed	P0124978	3	
Preparer	Firm's name Guy Trier CPA				Firm's EIN 🕨					
Use Only	Firm's address 216 E Aurora Street					Phone no.				
					906-	932-4370				
May the IRS discuss this return with the preparer shown above? (see instructions)										

Form	1990 (2019) IRONWOOD THEATRE, INC. 38-2833204 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE CULTURAL ENTERTAINMENT OF HIGHEST QUALITY TO THE GREATEST NUMBER OF CITIZENS IN UPPE
	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
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	ine total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 85,200 including grants of \$) (Revenue \$ 124,932)
	MAINTAIN THE HISTORIC IRONWOOD THEATRE, PROVIDING DIVERS, HIGH QUALITY ENTERTAINMENT, ENCOURAGE
	AND FACILITATE YOUTH ENGAGMENT IN THE CRATION OF PREFORMING ARTS, AND THROUGH COOPERATIVE
	PROGRAMING PROVIDE A VEHICLE FOR OTHER COMMUNITY ORGANIZATIONS TO EXPOSE AREA RESIDENTS AND
	VISITORS TO THE ARTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A.1	Other program can jaco (Decerite on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 85,200
EEA	Form 990 (2019

	1990 (2019) IRONWOOD THEATRE, INC. 38-2833	204	F	age 3
Pa	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
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 donor-restricted endowments	5		~
10	or in 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		х
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		х
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		X	
		11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		
120	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		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		x
	"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			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III.			x
20а ь				x
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	art IV Checklist of Required Schedules (continued)							
			Yes	No				
22	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				
23	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				
24a	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?	. 24)					
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?							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 240	1					
25a	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	1	х				
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?	0.51						
~~	If "Yes," complete Schedule L, Part I	. 25		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key							
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee							
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27						
20	persons? If "Yes," complete Schedule L, Part III	. 27		x				
28	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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	. 28a		v				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.			x				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	. 201	,	x				
С	"Yes," complete Schedule L, Part IV.	- 280		v				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.			x x				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 23	-					
50	conservation contributions? If "Yes," complete Schedule M.	. 30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"							
02	complete Schedule N, Part II.	. 32		x				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		x				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1					
	or IV, and Part V, line 1	. 34		x				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			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	. 351	,	x				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>				
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		x				
37	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				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and							
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x					
Par								
,- -	Check if Schedule O contains a response or note to any line in this Part V			\square				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0						
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?	. 1c	x					

Zero Fine rube rube rube rube rube response reported on Form W-3. Transmittal of Wage and Tax Yes No Statements. Rind for the calendar year ending with or within the year covered by the roturn Za Z X If all estics on is reported on line 4. and the organization file all equales directed endyments results. Za X If the organization base unrelated business gross income of 31,000 or more during the year? Za X If Yes, Tiss and Rida Form 800-7 for the year? P/Yes in all Ride a Form 800-7 for the year? P/Yes in all Ride a Form 800-7 for the year? P/Yes in all Ride a Form 800-7 for the year? P/Yes in all Ride a Form 800-7 for the year? P/Yes in all Ride a Form 800-7 for the year? P/Yes in all reparation the X was court, securities account, or define framanula accounts? 4a X If Yes, 'enter the name of the foreign county - b Sa X X X See instructions friling regresements for FinC FIN erm 114, Report of Foreign Bank and Financial accounts (FBAR). Sa X Vers in line 5 or 65, did the organization the X was or is a party to a prohibited ta shifter transaction? Sb X If Yes' (virs to line 5 or 65, did the organization the X was or the X who ortholutions or glift ware not tax deductible contributions was expendent on the X-b contributions or glift ware not tax deductible? 7a X If Yes' (vird ta cagonization incit was orefle		990 (2019) IRONWOOD THEATRE, INC. 38-2833	204	P	2age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 2 2b X Note: If the sam of lines to and 2a is greater han 250, you may be required to exfite (see instructions). 3a X If the agartzation have ennoted and busines greater han 250, you may be required to exfite (see instructions). 3b X If 'Ves, 'Instantion here ennoted and busines greater han 250, you may be required to exfite (see instructions). 3b X If 'Ves, 'Instantion here ennoted and busines greater han 250, you may be required to exfite (see instructions). 3b X If 'Ves, 'Instantion here ennoted and busines greater in on a signature on other authority over, a financial account in the nance of the foreign courty. 4a X If 'Ves, 'Instantion approximation approximation here an interest to exploration and in Form 2000 (Foreign Barck and Financial Account) (FBAR). 5b X If 'Ves, 'Instantion approximation include with every solution on express streament that sub contributions? 5c X If 'Ves, 'Instantion include with every solution on express streament that sub contributions or gifts were encludes approximation include with every solution on express streament that sub contributions or gifts were number of Form 2022. 7c 7c If 'Ves, 'Instantion explore approximation explore approximation explore approximation explore approximation explore approx	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, field for the calendar year ending with or within the year covered by this return a b field sectors is exported on line 3.2 and greater than 250, you may be required to e.164 (see instructions). a a b Deft the organization have unalted busines groups of the site year? d d A leary time during the calendar year, did the organization have an interest in, or a signature or other authority over, attended account is a long occurity (such as a bank account, securities account) or other authority over, attended account is a long on comparization bare an interest in, or a signature or other authority over, attended account is organization to are during the size over the financial account? d d	•			Yes	No
b If a least one is responded on line 2a, dd the organization file all required testing implyment tar returns? 2b X 3a Dd the organization have unailated business gross income of \$1,000 or more during the year? 3a X 3b Dd the organization have unailated business gross income of \$1,000 or more during the year? 3a X 4 A any line during the calendary year. (M 7% to line 3b, provide an explanation in Schedule 0 3b X b I' Yes; 'return the name of the forgin county 'security if X/R* to the regarization have an inherse in, or a signatuse or other autority over. 4a X b I' Yes; 'return the name of the forgin county 'securities account, or other financial accounts (FBAP). 5a X Comparization approximation party to organization fine fine 886 r.7. 5a X 5c 5c Comparization native requires the arreadical and any time during the tary ear? 5a X 5c 5c Comparization native any orbity the organization fine 70m 886 r.7. 5a X 1 7vs: 'dit the organization include with every solicitation an express statement that such contributions or off the organization for the value of the yeads or tary orbity the organization for the value of the yeads or tary orbity the organization and express of 375 made party or a contribution and party for goods an organizatin for the value of the yeads or a solicitaty p	2a				
Note: If the sum of lines 14 and 24 is greater than 250, you may be required to <i>e-file</i> (see instructions). Image: Sum of the sum of lines 14 and 24 is greater than 250, you may be required to <i>e-file</i> (see instructions). Image: Sum of the sum of lines 14 and 24 is greater than 250, you may be required to <i>e-file</i> (see instructions). Image: Sum of the sum of lines 14 and 24 is greater than 250, you may be required to <i>i</i> signature or other financial account? Image: Sum of the sum of lines 14 and 24 is greater than 250, you may be required to <i>i</i> signature or other financial account? Image: Sum of lines 14 and 24 is greater than 250, you may be required to <i>i</i> or distributed or other financial account? Image: Sum of lines 14 and 24 is greater than 340 and 340			-		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	D			х	
b H*vs: has if field a Form 990-T for this year? if "No" or line 3b, provide an submation in Schedule 0	20				
43 At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, 4 × a financial account in a freing country • </td <td></td> <td></td> <td></td> <td></td> <td>X</td>					X
a fmancial account in a foreign county (such as a bark account, securities account, or other financial account)? 4a x b ff Yes," enter the name of the foreign county? See instructions for fining requirements for FinicCN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). See 5a Was the organization the organization that was or is a party to a prohibited the schelar transaction at any time during the tax year? See 6 Does the organization the organization that was or is a party to a prohibited the schelar transaction? See 7 Organization schelar any contributions that are normally greater that \$100,000, and dithe organization tax deductable? Ge 7 Organization review and pross receives \$157 mode party as a contribution sor gifts were not tax deductable? Ge 9 If Yes," full the organization nevels as \$157 mode party as a contribution and party for goods and services provided? To 9 If Yes," indicate the number of Forms 8282 filed during the yesr. Td Td 7 Organization ceview any funds, directly or indirectly, to pary permuting one partical on. Td Td 9 Uf the organization number or lorms 8282 filed during the yesr. Td Td Td 9 Uf the organization coview any funds, directly or indirectly, to pary permuting one partical coverage. Td Td Td 9 Uf the organization number andift the forun 82827. Td Td			30		
b 1 "Yes," and rule are the name of the foreign county > See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). See 50 Was the organization area ty to a prohibited tax sheler transaction at any time dung the tax year? See 51 Was the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or glits were not tax deductible can charlable contributions? Ge 62 Does the organization include with every solicitation an express statement that such contributions or glits were not tax deductible can charlable contributions? Ge Z 7 Organizations that may receive deductible contributions under section 170(c). Bit the organization notify the doron of the value of the goods or services providers? To Z 8 I"Yes," dd the organization notify the doron of the value of the goods or services providers? To Z To 9 If Yes," indicate the number of Forms 8282? Ited during the year. To To Z To 10 If the organization receive a contribution of gaus permume on a personal benefit contract? To To 11 Toss,"inclase the number of Forms 8282? Toss perceive data the secontractin the form 8289 as required? To	40		12		v
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Sa Xa 5a Was the organization approxip to a prohibited tax shelter transaction at any time during the tax year? Sa Xa c If "Yes" to line 5 or 05, dot the organization the Form 3886-72. Sa Xa c If "Yes" to line 5 or 05, dot the organization the Form 3886-72. Sa Xa d Does the organization tax and pross receives that are normally greater that \$100,000, and dd the organization tocked with were not tax deductible as charitable contributions or diffs were not tax deductible. Ga X d If "Yes," to line organization tax any tracelve deductible contributions and parts tax and contributions or diffs were not tax deductible? Ga X d If "Yes," indicate the number of Errom 5822 filed during the year. Ta Ta d If "Yes," indicate the number of Errom 5822 filed during the year. Ta Ta d If the organization receive an ortherwise dispose of targible personal poperty for which it was received to the Sa22 filed during the year. Ta Ta d If the organization receive an ortherwise dispose of targible personal poperty for which it was received. Ta Ta d If the organization receive any trunds, directly or names and the organization fragmention of a secons any tax and targitable. Ta Ta d If	h		-+a		
54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a year b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a year 61 Does the organization have earnual gross receipts that are normally greater than \$100,000, and dd the organization solid any contributions that were not tax deductible as chartiable contributions or gifts were not tax deductible contributions and were not tax deductible as chartiable contributions or gifts were not tax deductible? 6a 7 Organization necke a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a 10 It "Yes," dd the organization notify the donor of the value of the goods or services provided? 7b 11 Tyes," indicate the number of Forms 8282? Ried during the year. 7c 12 It "Yes," indicate the number of Forms 8282? Ried during the year. 7d 13 It during the year, pay premiums, one apersonal benefit contract? 7d 14 Tyes," indicate the number of Forms 8282? Ried during the year. 7d 7d 14 Tyes," indicate the number of Forms 8282 field during the year? 7d 7d 16 the organization neceve as pay premiums, oreal practical file form 8289 as required? 7d 17 Tyes," indicate the number of Forms 8282 filed during the year? 7a	N				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 x c fl "Yes" to line 5a or 5b, did the organization file Form 8886-T2. 5c 5c 5c Does the organization solicit any contributions that were not tax deductible as charable cortributions? 6a x 0 If "Yes," to line organization neckers as statement that such contributions or glifts were not tax deductible contributions under section 170(c). 6b 6b 1 Did the organization neckers a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7a 7a 1 Did the organization neckers as 322. filed during the yeat. 7a 7c 7c 1 If "Yes," indicate the number of Forms 8282. filed during the yeat. 7d 7d 7c 1 If the organization neckers any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7f 7g 1 If the organization neckers as business holdings at any time duing the year? 7a 7g 7d 1 If the organization received a contribution of case, boats, applicase, or any reviside, did the organization and the secons as business holdings at any time duing the year? 7g 7d 1 If the organiza	5a		5a		x
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a 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. 13a 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X			-		
Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 16 x			139		
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 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	a		154		
the organization is licensed to issue qualified health plans 13b 13b 13b c Enter the amount of reserves on hand 13c 14a 13c 14a x 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x 14a x 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x 16 x	h				
c Enter the amount of reserves on hand 13c 14a x 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x	2				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 16 x 16 x	c		-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q			14a		x
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 16 x 16 x			-		
excess parachute payment(s) during the year?	15				
If "Yes," see instructions and file Form 4720, Schedule N. 16 x	-		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			-		
	16		16		х
		•			

Form	990 (2019) IRONWOOD THEATRE, INC. 38-28332		F	Page 6
Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion 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 1a 10			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	-		
2	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?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the same institution have been been been been been as off the table	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	404		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		x
15	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?	15-		
a h	The organization's CEO, Executive Director, or top management official	15a		x
b		15b		x
160	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	160		
F	with a taxable entity during the year?	16a		x
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A if applicable) .990 and 990 T (Section 501(c)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
40	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ZONA WICK (906)932-0618, PO BOX 187, IRONWOOD, MI 49938			

Form 990 (2019) IRONWOOD THEATRE, INC.	38-2833204	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	st Compensated Employees	s, and
	•		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	nis table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the	
organization's ta	ax 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.

See instructions for the order in which to list the persons above.

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

	related organizat	000							
				(0	C)				
(A)	(B)	<i>.</i> .			ition		(D)	(E)	(F)
Name and title	Average					nan one s both an	Reportable	Reportable	Estimated amount
	hours					/trustee)	compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or In	Ing	Q	Ke	en H	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	dire	stitut	Officer	er er	Highes	(W-2/1099-1013C)	(11 2) 1000 11100)	related organizations
	related organizations	ctor t	iona		Key employee	yee .			
	below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee			
	dotted line)	e	stee			nsat			
						ë			
(1) DAN TREGEMBO	<u>1.0</u> 0								
BOARD MEMBER		x					0	0	0
(2) SANDY BENTLEY	1.00								
BOARD MEMBER		x					0	0	0
(3) PAM T_IACULLO	1.00								
BOARD MEMBER		x					0	0	0
(4) NICHOLE LAHTI	1.00								
BOARD MEMBER		x					0	0	0
(5) DOUGLAS MUSKETT	1.00								
BOARD MEMBER		x					0	0	0
(6) CASSANDRA BORDNER	1.00								
STUDENT REPRESENTATIVE		x					0	0	0
(7) BRETT RICHTER	1.00								
BOARD MEMBER		x					0	0	0
(8) ZONA WICK	5.00								
PRESIDENT				x			0	0	0
(9) SUSIE FLIPPO	4.00								
SECRETARY				x			0	0	0
(10)RICK SEMO	5.00						v	v	0
VICE PRESIDENT				x			0	0	0
(11)BRUCE GREENHILL							Ů Ů	Ŭ Ŭ	
EXECUTIVE DIRECTOR					x		0	0	0
(12)							Ŭ Ŭ	, v	
<u>\'-'</u>									
(13)									
<u></u>				+					
									F 000 (00.10)

	90 (2019) IRONWOOD THEATRE,	INC.								38	3-2833	204	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	omp	ensated Employe	es (continu	ued)			
	(A) Name and title		(do not check more						(D) Reportable compensation from the organization	(E) Reportable compensation from related		(F Estimate of c compe from		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizat (W-2/1099-N		orgai	nization and a longaniz	
(15)														
(16)														
(17)														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal				•••	 	•••	· •						
d	Total (add lines 1b and 1c)							• •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of				0
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	yee,	or h	ighest	t con	npensated				Yes	No
	employee on line 1a? If "Yes," complete Schedu									••••		3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual Did any person listed on line 1a receive or accrue					••• elate	••• ed orga	•• aniza	ation or individual			4		х
C	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	suc	h pers	son		• • • • • •		5		х
<u>Secti</u> 1	on B. Independent Contractors Complete this table for your five highest compensa	ited independ	lent co	ntra	ctore	tha	t recei	ved	more than \$100.00)0 of				
	compensation from the organization. Report comp										ax year.			
	(A) Name and business addres	SS							(B) Description of service	es		(C) Compens	ation	
2	Total number of independent contractors (includin	g but not lim	ited to	thos	se lis	sted	above)) wh	0					

received more than \$100,000 of compensation from the organization	►
--	---

	90 (2019) IRONWOOD THEATRE VIII Statement of Revenue	,				38-2833	204 Pag
	Check if Schedule O contains a respons	e or n	ote to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns	1a					
n	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
5	e Government grants (contributions)	1e	50,711				
	f All other contributions, gifts, grants,						
	and similar amounts not included above	1f	74,221				
5	g Noncash contributions included in						
	lines 1a-1f	1g					
	h Total. Add lines 1a-1f			124,932			
			Business Code				
	2a PERFORMANCE ADMISSION		711190	40,899	40,899		
<u>p</u>	b CONCESSIONS		711190	16,666	16,666		
Avenue	C RENTALS		711190	3,550	3,550		
	d MISCELLANEOUS		711190	1,339	1,339		
-	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			62,454			
	3 Investment income (including dividends, inte			6 001	C 001		
	other similar amounts)			6,281	6,281		
	5 Royalties	•					
	(i) Rea		(ii) Personal				
	6a Gross rents 6a		(ii) Personal				
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
	(i) Commit		(ii) Other				
	7a Gross amount from (i) Security		(") 01.01				
	other than inventory						
	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising						
	events (not including \$						
	of contributions reported on line	-					
	1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b	1,907				
	c Net income or (loss) from fundraising event	s.	>	(1,907)			(1,9
	9a Gross income from gaming						
	activities, See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities		· · · · · · •				
	10a Gross sales of inventory, less						
	returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventor	/	· · · · · · ►				
			Business Code				
	11a						
	b						
	c						
	d All other revenue						

Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all d	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			x
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,				
	trustees, and key employees	29,856	23,885	5,971	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,245	1,796	449	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с		832		832	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	3,791		3,791	
g	Other. (If line 11g amount exceeds 10% of line 25, column	02.045		22.045	
12	(A) amount, list line 11g expenses on Schedule O.)	23,245	4 010	23,245	
13	Advertising and promotion	4,010	4,010	7,056	
14	Information technology	7,030		7,050	
15	Royalties	2,995	2,995		
16		24,546	18,409	6,137	
17			20,105	07207	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	225		225	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,627	25,003	1,624	
23	Insurance	1,138	1,138		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	3,490	3,490		
b	REPAIRS AND MAINTENANCE	5,802	5,802		
С	SALES TAX	832	832		
d	PPP FORGIVENESS	(2,700)	(2,160)	(540)	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	133,990	85,200	48,790	0
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 i f				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	119) IRONWOOD THEATRE, INC.	38	8-2833	3204 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Regioning of year		(B)
	1	Cash - non-interest-bearing	Beginning of year	1	End of year
	2	5	63,041	2	84,960
	2	Savings and temporary cash investments	210,853	3	211,082
	4		600	4	415
	5	Loans and other receivables from any current or former officer, director,	600	4	412
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	6	controlled entity or family member of any of these persons		5	
	0			6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net		7	
Assets	8		1 496	8	1 496
Asse		Prepaid expenses and deferred charges	1,486 549	9	1,486
4	9 10a		549	9	627
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 835,571			
	b		270 001	10c	412 010
	11	Less: accumulated depreciation 10b 422,559 Investments - publicly traded securities	370,091	11	413,012
	12	Investments - other securities. See Part IV, line 11		12	
	12	Investments - program-related. See Part IV, line 11		12	
	13			14	
	14	Other assets. See Part IV, line 11	105 700	14	129 047
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>125,733</u> 772,353	16	<u>128,047</u> 839,629
	17	Accounts payable and accrued expenses	11,055	17	2,386
	18	Grants payable	11,033	18	2,300
	19	Deferred revenue		19	9,800
	20	Tax-exempt bond liabilities		20	5,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ú	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	35,112	24	31,696
	25	Other liabilities (including federal income tax, payables to related third	557111		51,050
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	46,167	26	43,882
		Organizations that follow FASB ASC 958, check here			
Ś		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	726,186	27	795,747
alaı	28	Net assets with donor restrictions	-	28	
d B		Organizations that do not follow FASB ASC 958, check here			
'n		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let ,	32	Total net assets or fund balances	726,186	32	795,747
~	33	Total liabilities and net assets/fund balances	772,353	33	839,629

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Form **990** (2019)

Form	1 990 (2019) IRONWOOD THEATRE, INC. 3	8-283320)4	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		191,	,760
2	Total expenses (must equal Part IX, column (A), line 25)	2		133,	,990
3	Revenue less expenses. Subtract line 2 from line 1	3		57,	,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		726,	,186
5	Net unrealized gains (losses) on investments	5		11,	,791
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		795	,747
Pa	rt 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: Cash X 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:				
	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 on				
	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		х
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

SCHEDUL	ΕА
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Public Charity Status and Public Support

OMB No. 1545-0047 2019

(Form	990	or	990-EZ)	Co
_			_	

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

Department of the Treasury				► Atta	ch to Form 990 or Form	Open to Public			
					ov/Form990 for instruct	tions and	the latest	information.	Inspection
Nam	e of th	e organization						Employer identificat	ion number
IRC	ONWC	OD THEATRE	, INC.					38-283320	4
Pa	art I	Reason	for Public Charit	y Status (All o	rganizations must co	omplete	this part	 See instructions 	
The	orga	inization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, conv	vention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b	o)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	erated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the ben	efit of a college or	university owned or operation	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	t or governmental ι	init described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	es a substantial par	t of its support from a gov	vernmental	unit or from	m the general public	
	_	described in s	ection 170(b)(1)(A)(vi	i). (Complete Part	II.)				
8	Ц	A community t	rust described in sect	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultura	l research organizatior	n described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant collec	je
		or university of	r a non-land-grant colle	ege of agriculture (see instructions). Enter th	e name, cit	ty, and stat	e of the college or	
		university:							
10	х	•	•		3 1/3% of its support from				
		•		•	subject to certain excepti		,		
					isiness taxable income (le		,	rom businesses	
			•		section 509(a)(2). (Com				
11		•	•	•	test for public safety. Se				
12		•	•	•	the benefit of, to perform				
				-	bed in section 509(a)(1)				•
	_		•		he type of supporting org		•		•
	а				vised, or controlled by its		-		ng
			• • • •		appoint or elect a major	rity of the c	irectors or	trustees of the	
	l.	•	•		IV, Sections A and B.	:4h :4a a		ningtion(s) by besides	
	b				ontrolled in connection w		-		
			•		on vested in the same pe	ISONS LINAL O	CONTROLOGIE	nanage the supported	
	•		on(s). You must com			anaotion w	ith and fu	actionally integrated wi	th
	С				anization operated in col u must complete Part I				uı,
	А		• • • •	,	g organization operated i				n(c)
	d				generally must satisfy a d			••	11(5)
				-	e Part IV, Sections A a		•		
	е			-	determination from the If			Type II. Type III	
	C		-		ntegrated supporting orga		sa rype i,	rype II, rype III	
	f		per of supported organ	•					
	g		lowing information abo						••••
		i) Name of supported	J.	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	``		organization	(1) 2.11	(described on lines 1-10		ir governing	support (see	other support (see
		above (see instructions)) document? instructions) instructions)							instructions)
						Yes	No		
(A)									
(B)									
(C)									
(C)									

(D)

(E) Total

	rt II Support Schedule for Organiz		ribed in Sect				(vi)
	(Complete only if you checked the Part III. If the organization fails to				•		lify under
Sec	tion A. Public Support	o quality und					
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(,		(0) 2011	(4) 2010		(1) 1 0 10.1
•	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	Total. Add lines 1 through 3						
5	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						
Sec	ction B. Total Support	·			·	·	
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,				Ť		
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
0	organization, check this box and stop here						▶□
	ction C. Computation of Public Suppo						
14	Public support percentage for 2019 (line 6, o		-			14	%
15	Public support percentage from 2018 Sched 33 1/3% support test - 2019. If the organization					15 2% or more ob	%
104	box and stop here. The organization qualifier						
h	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019		• • • •	•			
a	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization			•	•		
h	10%-facts-and-circumstances test - 2018						
~	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee						licly
	supported organization					-	· _
18	Private foundation. If the organization did						
	instructions		•••••				►

Schedule A (Form 990 or 990-EZ) 2019

 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.)

Sec	ction A. Public Support					•)	
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		(a) 2010	(b) 2010	(0) 2017	(d) 2010	(6) 2013	
•	received. (Do not include any "unusual grants.")	49,361	109,131	178,270	238,829	124,932	700,523
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	104,730		89,254	92,017	58,904	429,476
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	154,091	193,702	267,524	330,846	183,836	1,129,999
	Amounts included on lines 1, 2, and 3	1017091	1907/01	10,7511	5507010	2007000	
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
Ũ							1,129,999
Sec	ction B. Total Support						1,123,333
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	154,091	193,702	267,524	330,846	183,836	1,129,999
10a	Gross income from interest, dividends,						_//
	payments received on securities loans, rents,						
	royalties, and income from similar sources	3,256	15,274	10,847	1,859	6,281	37,517
b	Unrelated business taxable income (less	57250		207027	1,000	0,202	0,,01,
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	3,256	15,274	10,847	1,859	6,281	37,517
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.)	157,347	208,976	278,371	332,705	190,117	1,167,516
14	First five years. If the Form 990 is for the or		-				
• •	organization, check this box and stop here	•			•		
Se	ction C. Computation of Public Support						
15	Public support percentage for 2019 (line 8, c			column (f))		15	96.79 %
16	Public support percentage from 2018 Sched		-			16	97.08 %
	ction D. Computation of Investment In						37.000 //
17	Investment income percentage for 2019 (line		-	ne 13. column	(f))	17	3.00 %
18	Investment income percentage from 2018 Se					18	3.00 %
-	33 1/3% support tests - 2019. If the organize					-	
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-				
5	line 18 is not more than 33 1/3%, check this						
20	Brivete foundation of the organization did r						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

	e A (Form 990 or 990-EZ) 2019 IRONWOOD THEATRE, INC. 38-283. t IV Supporting Organizations	≥04	Р	age
ail	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	a Sactio	ne A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I,			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked 12c of Part I,	•	5	
oct	ion A. All Supporting Organizations	rait v.)		
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	
	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	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.	4b		
С	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.	4c		
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).	5a		
b	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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	-		
~	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 500(a)(1) or (2))2 /f "Vea" provide detail in Part V	0-		
h	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yee," provide detail in Part VI	OF		
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	00		
0~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
va	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	100		
h	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b		10b		
	determine whether the organization had excess business holdings.)	A (Form 990		

Scheo	dule A (Form 990 or 990-EZ) 2019 IRONWOOD THEATRE, INC. 38-2	833204	F	Page 5
Pa	Int IV Supporting Organizations (continued)		_	
			Yes	No
	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	ı	
b	• A family member of a person described in (a) above?	11b)	
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Par	<i>rt VI.</i> 11c	;	
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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	ed		
	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 Pai	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	Z		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	s 🗌	100	110
•	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		
Sec	ction D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pl	rior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2				
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
2	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	-		
	supported organizations played in this regard.	3	1	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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 that these activities constituted substantially all of its activities.
- **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 activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 IRONWOOD THEATRE, INC.		38-283	3204 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zatior	s must complete Section	ns A through E.
Section A Adjusted Not Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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	integ	rated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	IRONWOOD THEATRE, INC.		38-283	3204 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
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	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<i>(</i> 1)	
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
-	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years	/		
-	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_е	Excess from 2019			
FFA			Schod	ule A (Form 990 or 990-FZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (For	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2010		
D	Pepartment of the Treasury ► Attach to Form 990.			Open to Public	
•	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection	
	of the organization			Employer identification	number
IRO	NWOOD THEATRE	, INC.		38-2833204	Ł
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	Inds or Other Similar Funds or Acco	ounts.	
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds an	nd other accounts
1	Total number at en	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	tend of year			
5	Did the organizatio	n inform all donors and donor advisors in wr	iting that the assets held in donor advised		
	funds are the organ	nization's property, subject to the organizatio	on's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organizatio	n inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	ł	
	only for charitable p	purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose		
	conferring impermi	ssible private benefit?			. 🗌 Yes 🗌 No
Ра	rt II Conserv	vation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	n (check all that apply).		
	Preservation o	f land for public use (e.g., recreation or educ	cation) 🛛 🔲 Preservation o	f a historically importa	ant land area
	Protection of n	atural habitat	Preservation o	f a certified historic st	ructure
	Preservation o	f open space			
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution in the form of a co	onservation	
	easement on the la	st day of the tax year.		Held at t	he End of the Tax Year
а	Total number of co	nservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
С	Number of conserv	vation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired af	ter 7/25/06, and not on a		
	historic structure lis	ted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, relea	ased, extinguished, or terminated by the org	ganization during the	
	tax year ►				
4	Number of states v	where property subject to conservation ease	ment is located		
5	Does the organizat	ion have a written policy regarding the perio	dic monitoring, inspection, handling of		
		prcement of the conservation easements it h			. 🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during	the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the	year
	▶ \$				
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(-	4)(B)(i)	
	and section 170(h)				. 🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conservation	n easements in its revenue and expense sta	tement, and	
	balance sheet, and	include, if applicable, the text of the footnote	e to the organization's financial statements the	hat describes the	
_		ounting for conservation easements.			
Pa		zations Maintaining Collections		Other Similar As	sets.
		e if the organization answered "Yes" of			
1a	-	elected, as permitted under FASB ASC 958			
		asures, or other similar assets held for public		rance of public	
		Part XIII the text of the footnote to its finance			
b	-	elected, as permitted under FASB ASC 958			
		ures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of public service,	
	•	ng amounts relating to these items:			
	.,				
		d in Form 990, Part X			
2	-	received or held works of art, historical treas	-	in, provide the	
	following amounts	required to be reported under FASB ASC 9	58 relating to these items:		

a Revenue included on Form 990, Part VIII, line 1 > \$

▶ \$

Sched	IRONWOOD THEATRE,				-2833204	Page 2
Pa	t III Organizations Maintaining Col	lections of Art, Hist	orical Treasures	, or Other Simil	ar Assets (continued)
3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use of	its	
	collection items (check all that apply):					
а	Public exhibition	d [Loan or exchange	programs		
b	Scholarly research	e [Other			
с	Preservation for future generations					
4	Provide a description of the organization's collectio	ons and explain how they fu	urther the organization's	s exempt purpose in	Part	
	XIII.					
5	During the year, did the organization solicit or receiv	ve donations of art historic	al treasures or other s	imilar		
Ŭ	assets to be sold to raise funds rather than to be m					(es 🗌 No
Pa	t IV Escrow and Custodial Arrange				· · · · [] [
Ia	Complete if the organization answ		000 Part IV/ line	0 or reported ar	a amount or	Form
	990, Part X, line 21.		330, Fait IV, IIIE	s, or reported a	i amount on	
1a	Is the organization an agent, trustee, custodian or o				Π.	
					· · · · □ Y	res 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following table	:			
					Amount	
С	Beginning balance			. 1c		
d	Additions during the year			. 1d		
е	Distributions during the year			. 1e		
f	Ending balance			. <u>1f</u>		
2a	Did the organization include an amount on Form 99	0, Part X, line 21, for escro	ow or custodial account	t liability?	🗌 Y	(es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanation ha	as been provided on Pa	art XIII		🗌
Pa	t V Endowment Funds.					
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	10.		
	· · · ·) Current year (b) Pric			ars back (e) Fr	our years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains, and					
	losses					
Ь	Grants or scholarships					
e	Other expenditures for facilities and		· ·			
C	programs					
f	Administrative expenses					
g		ar and holonoo (line 1 a ee			I	
2	Provide the estimated percentage of the current year		iumn (a)) neid as:			
a	Board designated or quasi-endowment	%				
b	Permanent endowment %					
С	Term endowment > %					
	The percentages on lines 2a, 2b, and 2c should equ					
3a	Are there endowment funds not in the possession	of the organization that are	held and administered	for the		
	organization by:					Yes No
	(i) Unrelated organizations				3a(<u>i)</u>
	(ii) Related organizations				3a(i	ii)
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sche	dule R?		3b)
4	Describe in Part XIII the intended uses of the organ	nization's endowment fund	S.			
Pa	t VI Land, Buildings, and Equipmen	nt.				
	Complete if the organization answ		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		look value
		(investment)	(other)	depreciation		
1a	Land					
b	Buildings					
c	Leasehold improvements	572,975		237,15	52	335,823
d						
		262,596		185,40		77,189
e Tota	Other	LEorm 000 Bort V column	(\mathbf{R}) line 10e		<u> </u>	412 010
-	. Aud intes la tritough le. (Column (d) must equal	r Form 990, Part X, colum			Cabadula I	413,012
EEA					Schedule	D (Form 990) 2019

Schedule	D (Fo	rm 990) 2019

Part VII

(F) (G)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (5) (A) (6) (7) (7) (7) (7) (B) (7) (7) (7) (7) (7) (D) (7) (7) (7) (7) (7) (7) (B) (7) (7) (7) (7) (7) (7) (7) (7) (D) (7

<u>. .</u> . ►

(H)	
otal.	(Column (b) must equal Form 990, Part X, col. (B) line 12.)

Investments - Other Securities.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(1)BENEFICIAL INTEREST IN COMMUNITY FO (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	(b) Book value	(a) Description
(3) (4) (5) (6) (6) (7) (8) (9)	128,047	BENEFICIAL INTEREST IN COMMUNITY FO
(3) (4) (5) (6) (6) (7) (8) (9)		2)
(5) (6) (7) (8) (8) (9)		
(6) (7) (8) (9)		4)
(7) (8) (9)		
(8) (9)		3)
(9)		7)
		3)
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.).		3)
	128,047	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990. Part X. col. (B) I	ine 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 a Net unrealized gains (losses) on investments 2a 1 b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2e d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 2b 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4a 4e 6 Other (Describe in Part XIII.) 4a 4e 6 Other (Describe in Part XIII.) 4a 4e 6 Other (Describe in Part XIII.) 4b 4e 7 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII <th></th>	
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 2a through 2d 4a 4a d Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 5 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. <td< th=""><th></th></td<>	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). f Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). c Subtract lift the organization answered "Yes" on Form 990, Part IV, line 12a.	
a Net unrealized gains (losses) on investments. 2a 2b b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e a Add lines 2a through 2d 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5	
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5	
c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e a Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	
Part XIII Supplemental Information.	

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

SCHEDULE G	Supplemen	tal Informatio	n Regard	ling Fund	raising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17, ²		r if the	2019
Department of the Treasury Internal Revenue Service	►G	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of the organization		io to www.iis.gov/i					Employer ide	ntification number
IRONWOOD THEATRE,	INC.						38-28	33204
		. Complete if th	ne organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.
Form 990-E	Z filers are not	required to com	plete this p	oart.				
1 Indicate whether the	organization raise	ed funds through a	any of the foll	owing activit	ies. Check all that a	pply.		
a 🗌 Mail solicitations					f non-government gr			
b Internet and emai					f government grants			
c 📙 Phone solicitation			g 🗌 🤅	Special fund	aising events			
d In-person solicitat					<i></i>			
2a Did the organization		0			0			D
or key employees list		, .		•	•			es 📋 No
b If "Yes," list the 10 hi compensated at lease	0 1	,	nuraisers) p	ursuant to ag	reements under whi	ch the fun		е
compensated at leas	st \$5,000 by the 0	rganization.						
			(iii) Did fun	draiser have		(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity	custody o	r control of outions?	(iv) Gross receipts from activity	fundrai	tained by) ser listed in col. (i)	(or retained by) organization
			Yes	No			.,	
1								
2								
3								
4								
5								
5								
6								
7								
8								
9								
10								
Total				►				
3 List all states in which	the organization	is registered or lic	ensed to sol	icit contributi	ons or has been not	ified it is e	xempt from	
registration or licensin	ıg.							

Schedule G (F	orm 990 or 990-EZ) 2019	IRONWOOD THEATRE,	INC.		38-2833204
Part II	Fundraising Events.	Complete if the organizati	on answered "Yes'	' on Form 990, Part IV, line	e 18, or reported more

Part II

IRONWOOD THEATRE, INC.

38-2833204 Page 2

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		-	(event type)	(event type)	(total number)	col. (c))
Kevenue	1 Gross receipts	· · · · · · · · · · · ·				
	 Less: Contributio Gross income (lin line 2) 	ne 1 minus				
	iiiiez)					
	4 Cash prizes .	•••••				
	5 Noncash prizes	•••••				
suses	6 Rent/facility costs	§				
Expe	7 Food and bevera	ges				
DIrect Expenses	8 Entertainment					
	9 Other direct expe	enses				
	0 Direct expense s	ummany Add lines	4 through Q in column (d)			
		nary. Subtract line	TO HOITHING 5, COlumn (u)			
	t III Gaming.	Complete if the o	rganization answered '	"Yes" on Form 990, Part		more than
	t III Gaming.		rganization answered '	"Yes" on Form 990, Part		[
Par	t III Gaming.	Complete if the o	rganization answered '			(d) Total gaming (add
Par	t III Gaming. (\$15,000 o	Complete if the o n Form 990-EZ, I	rganization answered ' line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	(d) Total gaming (add
Par	t III Gaming. (\$15,000 o 1 Gross revenue	Complete if the o	rganization answered ' line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	(d) Total gaming (add
Par	till Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes	Complete if the o	rganization answered ' line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	[
Par	till Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes	Complete if the o	rganization answered ' line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	(d) Total gaming (add
Par Kevenue	till Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes	Complete if the o	rganization answered ' line 6a. (a) Bingo	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming	(d) Total gaming (add
	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	Complete if the o	rganization answered ' line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	(d) Total gaming (add
Par Kevenue	till Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor	Complete if the o n Form 990-EZ,	rganization answered ' line 6a. (a) Bingo	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming	(d) Total gaming (add
	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor 7 Direct expense s	Complete if the o	rganization answered line 6a. (a) Bingo	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming 	(d) Total gaming (add
	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor 7 Direct expense s 8 Net gaming income	Complete if the o	rganization answered ' line 6a. (a) Bingo (b) Bingo (c)	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming 	(d) Total gaming (add
	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor 7 Direct expense s 8 Net gaming incom Enter the state(s) in v	Complete if the o n Form 990-EZ, 1	rganization answered ' line 6a. (a) Bingo (b) Bingo (c)	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming 	(d) Total gaming (add col. (a) through col. (c)
Par Revenue 9 a	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor 7 Direct expense s 8 Net gaming inco Enter the state(s) in v Is the organization lic	Complete if the o n Form 990-EZ, 1	rganization answered ' line 6a. (a) Bingo (b) Bingo (c)	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming 	(d) Total gaming (add col. (a) through col. (c)
Par Revenue 9 a	t III Gaming. (\$15,000 o 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expect 6 Volunteer labor 7 Direct expense s 8 Net gaming inco Enter the state(s) in v Is the organization lic	Complete if the o n Form 990-EZ, 1	rganization answered line 6a. (a) Bingo (a) Bingo (b) Bingo (c) B	"Yes" on Form 990, Part	IV, line 19, or reported (c) Other gaming 	(d) Total gaming (add col. (a) through col. (c)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public

Employer identification number

38-2833204

IRONWOOD THEATRE, INC.

01. Form 990 governing body review (Part VI, line 11)

THE FORM 990 IS PROVIDED TO OFFICER, WHO REVIEWS AND APPROVES BEFORE RETURN IS FILED.

RETURN IS THEN SHARED WITH REST OF BOARD.

02. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST

03. List of other fees for services expenses (Part IX, line 11g)

OTHER FEES FOR SERVICE:

PERFORMERS AND ARTISTS AND RELATED EXPENSES 44038

Form 4	562
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Depreciation and Amortization (Including Information on Listed Property)

			(Includii	ng Information on	Listed Pr	operty)			2019
Department of the	Treasury			Attach to your tax					Attachment
Internal Revenue		► G	o to <i>www.irs.g</i> o	ov/Form4562 for instruc			rmation.		Sequence No. 179
Name(s) shown or	n return			Business or	activity to which	this form relates		Identif	fying number
IRONWOOD					990 - 1	L		38-	-2833204
Part I	Election	n To Expens	e Certain Pro	operty Under Secti	on 179				
	Note: If	you have any l	listed property,	complete Part V befo	re you com	nplete Part I.			
1 Maximu	m amount	(see instructions)						1	
2 Total co	st of section	n 179 property p	blaced in service	(see instructions)				2	
3 Thresho	old cost of s	section 179 prop	erty before reduc	tion in limitation (see inst	uctions)			3	
4 Reducti	on in limitat	ion. Subtract line	e 3 from line 2. If	zero or less, enter -0				4	
5 Dollar li	mitation for	tax year. Subtra	ct line 4 from line	1. If zero or less, enter -	0 If married	d filing			
separat	ely, see ins	tructions						5	
6		(a) Description of pr	operty	(b) Cost (b	usiness use only	y) (c) Ele	ected cost		
]
7 Listed p	roperty. En	ter the amount fr	rom line 29		7				
8 Total ele	ected cost	of section 179 pr	roperty. Add amo	ounts in column (c), lines (6 and 7			8	
				line 8				9	
				our 2018 Form 4562				10	
				iness income (not less th				11	
				, but don't enter more that				12	
				s 9 and 10, less line 12		13			
				y. Instead, use Part V.					
				and Other Deprec	iation (D	on't include	listed prope	erty Se	e instructions)
				(other than listed proper				119.00	
								14	
								14	
								16	21 01
				· · · · · · · · · · · · · · ·			• • • • • •	10	21,91
Part III	WACK	5 Depreciation		lude listed property. S		ions.)			
47 14000	Nata da attan	- (Section A	0010			47	1
				ax years beginning befor			••••	17	
-	-			rvice during the tax year i		-		1	
asset ad	ccounts, ch								
	Section	n B - Assets F		ice During 2019 Tax	Year Usin	g the Gener	al Deprecia	ition S	ystem
(a) Cla	assification of p	property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Method	(a)	Depreciation deduction
			service	only-see instructions)	period	(0) 0000000	()	(3)	
19a 3-year	property		-						
b 5-year	property		-						
c 7-year	property		-	62,947	7	HY	SL		4,49
d 10-year	property		-						
e 15-year	property			6,600	15	HY	SL		22
f 20-year	property								
g 25-year	property				25 yrs.		S/L		
h Resider	ntial rental				27.5 yrs.	MM	S/L		
property					27.5 yrs.	MM	S/L		
	dential real				39 yrs.	MM	S/L		
property						MM	S/L	+	
		- Assets Pla	ced in Service	During 2019 Tax Ye	ar Using t		1	ation S	System
20a Class lif							S/L		yotom
			-		12 yrc		S/L		
					12 yrs.	MM	S/L		
c 30-year					30 yrs.			+	
d 40-year		DEL (Castasta			40 yrs.	MM	S/L		
Part IV		ary (See instr							
		nter amount from			•••••	••••	21	—	
			-	17, lines 19 and 20 in co					
			-	tnerships and S corporat		structions	22	<u>! </u>	26,62
23 For ass	ets shown	above and place	d in service durir	ng the current year, enter	the				

23

OMB No. 1545-0172