

Return of Organization Exempt From Income Tax

2017

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (WHITEFISH THEATRE COMPANY), EIN (81-0381173), Address (1 CENTRAL AVE, WHITEFISH, MT 59937), and Principal Officer (BECKY RYGG).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense details.

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.

Signature area for Becky RYGG, President, including signature line and date field.

Paid Preparer Use Only section for Cora Arnold, Preparer's name, signature, date (12-07-2018), and firm information (Cora's Tax & Accounting).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part 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 NURTURE THE CREATIVE AND ARTISTIC PASSIONS OF THE COMMUNITY OF WHITEFISH BY BRINGING THE ARTS TO LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes No

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.

4a (Code:) (Expenses \$ 386,423 including grants of \$) (Revenue \$ 237,768)

PRODUCED 9 COMMUNITY THEATRE PLAYS, 5 PROFESSIONAL PRODUCTIONS AND CONCERTS AND 6 EDUCATIONAL PROGRAMS FOR YOUTH, SENIORS AND DISABLED INDIVIDUALS WITH APPROXIMATELY 572 COMMUNITY VOLUNTEERS PARTICIPATING IN ALL ASPECTS OF PRODUCTIONS. FROM SEPT 2017-AUG 2018, 10,248 INDIVIDUALS ATTENDED PRODUCTIONS, INCLUDING APPROXIMATELY 1,152 SENIORS AND 2,343 STUDENTS, MANY FROM RURAL AREAS. ALSO BROUGHT BOTH PROFESSIONAL TOURING THEATRICAL AND MUSICAL COMPANIES TO THE COMMUNITY. OFFERED THEATRE AND MUSICAL CLASSES TO LOCAL SCHOOL CHILDREN AND PRESENTED EDUCATIONAL OUTREACH PERFORMANCES, WORKSHOPS, AND DEMONSTRATIONS. OUTREACH OPPORTUNITIES ARE ALSO OFFERED TO THE UNDERSERVED IN THE COMMUNITY INCLUDING MENTALLY AND PHYSICALLY CHALLENGED, ECONOMICALLY DISADVANTAGED AND SENIOR CITIZENS WHO ARE LIVING IN NURSING HOMES, ASSISTED LIVING CENTERS AND THE VETERANS HOME.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 386,423

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and schedules A through G.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include 20a-20b, 21, 22, 23, 24a-24d, 25a-25b, 26, 27, 28a-28c, 29, 30, 31, 32, 33, 34, 35a-35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
GAYLE MACLAREN (406) 862-5371, 1 CENTRAL AVE, WHITEFISH, MT 59937

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) <u>MARYJANE WESTERMARK</u> TREASURER | <u>1.00</u> | X | | X | | | | 0 | 0 | 0 |
| (2) <u>NORMA MACKENZIE</u> DIRECTOR | <u>1.00</u> | X | | | | | | 0 | 0 | 0 |
| (3) <u>EMILY HUTCHINS</u> DIRECTOR | <u>0.50</u> | X | | | | | | 0 | 0 | 0 |
| (4) <u>ROGER BARBER</u> VICE PRESIDENT | <u>0.50</u> | X | | X | | | | 0 | 0 | 0 |
| (5) <u>BECKY RYGG</u> PRESIDENT | <u>0.50</u> | X | | X | | | | 0 | 0 | 0 |
| (6) <u>GAYLE MACLAREN</u> EXECUTIVE DIRECTOR | <u>40.00</u> | X | | | | | | 38,760 | 0 | 3,875 |
| (7) <u>CHELSEA LEFCOURT</u> SECRETARY | <u>0.50</u> | X | | X | | | | 0 | 0 | 0 |
| (8) <u>SCOTT PLOTKIN</u> DIRECTOR | <u>0.50</u> | X | | | | | | 0 | 0 | 0 |
| (9) <u>KRISTIN ZUCKERMAN</u> DIRECTOR | <u>0.50</u> | X | | | | | | 0 | 0 | 0 |
| (10) <u>PATRICIA THIEL</u> DIRECTOR | <u>0.50</u> | X | | | | | | 0 | 0 | 0 |
| (11) <u>DEREK VANDEBERG</u> DIRECTOR | <u>0.50</u> | X | | | | | | 0 | 0 | 0 |
| (12) _____ | _____ | | | | | | | | | |
| (13) _____ | _____ | | | | | | | | | |
| (14) _____ | _____ | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | ----- | | | | | | | | | |
| (16) ----- | ----- | | | | | | | | | |
| (17) ----- | ----- | | | | | | | | | |
| (18) ----- | ----- | | | | | | | | | |
| (19) ----- | ----- | | | | | | | | | |
| (20) ----- | ----- | | | | | | | | | |
| (21) ----- | ----- | | | | | | | | | |
| (22) ----- | ----- | | | | | | | | | |
| (23) ----- | ----- | | | | | | | | | |
| (24) ----- | ----- | | | | | | | | | |
| (25) ----- | ----- | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 38,760 | 0 | 3,875 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 12,975 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 142,342 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 155,317 | | | | |
| Program Service Revenue | 2a PROGRAM SERVICE | Business Code 711110 | 187,085 | 187,085 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 187,085 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 5,892 | 5,892 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | 33,585 | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | 33,585 | | | | |
| | d Net rental income or (loss) | | 33,585 | 33,585 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | 46,583 | | | | |
| | | b Less: direct expenses | | | | | |
| c Net income or (loss) from fundraising events | | | 22,955 | | | 22,955 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 19,010 | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | 11,206 | 11,206 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 416,040 | 237,768 | 0 | 22,955 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | 38,760 | 15,504 | 23,256 | |
| 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 | 146,572 | 133,567 | 13,005 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 20,071 | 16,437 | 3,634 | |
| 10 Payroll taxes | 23,593 | 20,819 | 2,774 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,500 | 1,500 | | |
| c Accounting | 1,380 | 1,380 | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 3,000 | 3,000 | | |
| 12 Advertising and promotion | 15,991 | 15,991 | | |
| 13 Office expenses | 5,768 | 5,768 | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 30,978 | 30,978 | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 50,498 | 50,498 | | |
| 23 Insurance | 6,510 | 6,510 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRODUCTION EXPENSE | 64,908 | 64,908 | | |
| b TICKETING AND CREDIT CARD | 14,006 | 14,006 | | |
| c DUES AND SUBSCRIPTIONS | 1,648 | 1,648 | | |
| d HUMAN RESOURCES | 3,909 | 3,909 | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 429,092 | 386,423 | 42,669 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|---|--|----------------------|-----------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 80,059 | 1 | 90,328 |
| | 2 Savings and temporary cash investments | 325,942 | 2 | 270,461 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,627,409 | | |
| | b Less: accumulated depreciation | 10b 329,038 | 1,281,941 | 10c 1,298,371 |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 18,508 | 15 | 18,905 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,706,450 | 16 | 1,678,065 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,239 | 17 | 3,688 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 50,614 | 19 | 34,695 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third 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 | 55,853 | 26 | 38,383 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 1,650,597 | 32 | 1,639,682 |
| 33 Total net assets or fund balances | 1,650,597 | 33 | 1,639,682 | |
| 34 Total liabilities and net assets/fund balances | 1,706,450 | 34 | 1,678,065 | |

Part 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 | 416,040 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 429,092 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (13,052) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,650,597 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,137 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,639,682 |

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning 09-01, 2017, and ending 08-31, 2018.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

| | |
|---|---------------------------------|
| <input checked="" type="checkbox"/> 501(C)(3) | <input type="checkbox"/> 220(e) |
| <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) |
| <input type="checkbox"/> 408A | |
| <input type="checkbox"/> 529(a) | |

Print or Type

Name of organization (Check box if name changed and see instructions.)
WHITEFISH THEATRE COMPANY

Number, street, and room or suite no. If a P.O. box, see instructions.
1 CENTRAL AVE

City or town, state or province, country, and ZIP or foreign postal code
WHITEFISH, MT 59937

D Employer identification number (Employees' trust, see instructions.)
81-0381173

E Unrelated business activity codes (See instructions.)

C Book value of all assets at end of year
1,678,065

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **GAYLE MACLAREN** Telephone number ▶ **(406) 862-5371**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | | | | |
| 1c Balance ▶ | | | | |
| 2 Cost of goods sold (Schedule A, line 7) | | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | | | |
| 4a Capital gain net income (attach Schedule D) | | | | |
| 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | | |
| 4c Capital loss deduction for trusts | | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | | | | |
| 6 Rent income (Schedule C) | | | | |
| 7 Unrelated debt-financed income (Schedule E) | | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | |
| 10 Exploited exempt activity income (Schedule I) | | | | |
| 11 Advertising income (Schedule J) | | | | |
| 12 Other income (See instructions; attach schedule) | | | | |
| 13 Total. Combine lines 3 through 12 | | | | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 |
| 15 Salaries and wages | | 15 |
| 16 Repairs and maintenance | | 16 |
| 17 Bad debts | | 17 |
| 18 Interest (attach schedule) | | 18 |
| 19 Taxes and licenses | | 19 |
| 20 Charitable contributions (See instructions for limitation rules) | | 20 |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | | 23 |
| 24 Contributions to deferred compensation plans | | 24 |
| 25 Employee benefit programs | | 25 |
| 26 Excess exempt expenses (Schedule I) | | 26 |
| 27 Excess readership costs (Schedule J) | | 27 |
| 28 Other deductions (attach schedule) | | 28 |
| 29 Total deductions. Add lines 14 through 28 | | 29 |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 |
| 31 Net operating loss deduction (limited to the amount on line 30) | | 31 |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 32 |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | | 33 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 34 |

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

| | |
|--|------------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | |
| (1) \$ _____ (2) \$ _____ (3) \$ _____ | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ | |
| (2) Additional 3% tax (not more than \$100,000) \$ _____ | |
| c Income tax on the amount on line 34 Wks- Blended Tax . . . ▶ | 35c |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ | 36 |
| 37 Proxy tax. See instructions ▶ | 37 |
| 38 Alternative minimum tax | 38 |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 |

Part IV Tax and Payments

| | | |
|--|------------|--|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | |
| b Other credits (see instructions) | 41b | |
| c General business credit. Attach Form 3800 (see instructions) | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40 | 42 | |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | |
| 45a Payments: A 2016 overpayment credited to 2017 | 45a | |
| b 2017 estimated tax payments | 45b | |
| c Tax deposited with Form 8868 | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶ | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | 48 | |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ | 49 | |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ | 50 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|--|-----|----|
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | Yes | No |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | | |
|-------------------------------|---|--------------------------------|-------------------|--|------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | Cora Arnold | _____ | 12-07-2018 | | P00288900 |
| | Firm's name ▶ Cora's Tax & Accounting | Firm's EIN ▶ 27-0697041 | | Phone no. 406-863-2668 | |
| | Firm's address ▶ 750 2nd Street w Ste A Whitefish MT 59937 | | | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | |
|---|-----------|--|---|----------|----------------------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes No |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|---|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|---|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals ▶ | | | | | |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals ▶ | | | | |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |
| Totals ▶ | | | | | | |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | | | | | | |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

WHITEFISH THEATRE COMPANY

Employer identification number

81-0381173

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------|------------------------------------|----------|---|---|----|---|---|
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) - 66.71%; 15 Public support percentage from 2016 Schedule A, Part II, line 14 - 71.10%; 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - []; 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - []; 17b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [].

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15%; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16%

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17%; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| c 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 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).</i> | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a 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 supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> 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. | Yes | No |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | |
|---|---|---|--|
| Section D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 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 of supported organizations | | |
| 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 organization is responsive (provide details in Part VI). See instructions. | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | |
| 10 | Line 8 amount divided by Line 9 amount | | |
| Section E - Distribution Allocations (see instructions) | | | |
| | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2017 | | |
| a | | | |
| b | From 2013 | | |
| c | From 2014 | | |
| d | From 2015 | | |
| e | From 2016 | | |
| f | Total of lines 3a through e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2017 distributable amount | | |
| i | Carryover from 2012 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2017 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2013 | | |
| b | Excess from 2014 | | |
| c | Excess from 2015 | | |
| d | Excess from 2016 | | |
| e | Excess from 2017 | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

WHITEFISH THEATRE COMPANY

Employer identification number

81-0381173

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

WHITEFISH THEATRE COMPANY

Employer identification number

81-0381173

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | JOHN AND ANNE COLLINS 3080 EAST LAKESHORE DRIVE WHITEFISH, MT 59937 | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ROSE AND WALTER MONTGOMERY FOUNDATI 314 S PINE SPARTANBURG, SC 29304 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | WHITEFISH COMMUNITY FOUNDATION P O BOX 1060 WHITEFISH, MT 59937 | \$ 60,455 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | WFCU 300 BAKER AVE WHITEFISH, MT 59937 | \$ 5,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | MIKE GOGUEN 1 CENTRAL AVE WHITEFISH, MT 59937 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | TREACY FOUNDATION 1 CENTRAL AVE WHITEFISH, MT 59937 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

WHITEFISH THEATRE COMPANY

81-0381173

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes table with columns: Held at the End of the Tax Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 1,487,504 | 218,981 | 1,268,523 |
| c Leasehold improvements | | | | |
| d Equipment | | 139,905 | 110,057 | 29,848 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,298,371**

Part VII Investments - Other Securities.

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 _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

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.

| (a) Description | (b) Book value |
|---|----------------|
| (1) PREPAID EXPENSES | 18,905 |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 18,905 |

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) line 25.) ▶ | | |

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|--------------------------|---------------------|---------------------------------|--------|
| | | PROJECT WFSH (event type) | KANDAHAR (event type) | 4 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 31,707 | 6,300 | 8,576 | 46,583 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 31,707 | 6,300 | 8,576 | 46,583 |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | 3,150 | 995 | 4,145 |
| | 8 | Entertainment | | | 1,944 | 1,944 |
| | 9 | Other direct expenses | 16,495 | | 1,044 | 17,539 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 23,628 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 22,955 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

2017

**Open to Public
Inspection**

Employer identification number

WHITEFISH THEATRE COMPANY

81-0381173

01. Officer, directors, etc. family relationship (Part VI, line 2)

THE FOLLOWING BOARD DIRECTORS HAVE A FAMILY RELATIONSHIP:

SCOTT PLOTKIN

PATRICIA THIEL

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

THE WHITEFISH THEATRE COMPANY EXECUTIVE DIRECTOR AND TREASURER ARE CHARGED WITH REVIEWING
THE IRS FORM 990 AND REPORTING ON IT TO THE BOARD OF DIRECTORS. ALL BOARD MEMBERS ARE
PROVIDED WITH A COPY OF THE FORM 990 AND IT IS REVIEWED AND APPROVED PRIOR TO FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

ON AN ANNUAL BASIS, EACH BOARD MEMBER READS AND SIGNS THE CONFLICT OF INTEREST POLICY.
GOVERNANCE COMMITTEE MONITORS COMPLIANCE.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE FINANCE COMMITTEE IS RESPONSIBLE FOR MAKING COMPENSATION RECOMMENDATIONS TO THE BOARD
OF DIRECTORS. EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD.

05. Other officer or key employee compensation (Part VI, line 15b)

THE FINANCE COMMITTEE IS RESPONSIBLE FOR MAKING COMPENSATION RECOMMENDATIONS TO THE BOARD
OF DIRECTORS. EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD.

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

WHITEFISH THEATRE COMPANY WILL MAKE ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIALS

Name of the organization

Employer identification number

WHITEFISH THEATRE COMPANY

81-0381173

AVAILABLE TO THE PUBLIC IN A TIMELY MANNER UPON REQUEST. TO OBTAIN THIS INFORMATION, THE ORGANIZATION SHOULD BE CONTACTED DIRECTLY. SELECTED INFORMATION IS AVAILABLE ON THE ORGANIZATIONS WEBSITE AND VIA GUIDESTAR.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WHITEFISH THEATRE COMPANY

FORM 990 - 1

81-0381173

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|-----------|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2016 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

| | | | |
|-----------|---|-----------|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 13,516 |

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

| | | | |
|-----------|--|-----------|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2017 | 17 | 34,649 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | Statement #567 | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | 1,372 |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | 02-2018 | 57,334 | 39 yrs. | MM | S/L | 796 |

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|------------|------------|--|---------|----|-----|--|
| 20a | Class life | | | | | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|-----------|---|-----------|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | 165 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 50,498 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows for 25, 26, 27, 28, and 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows for 30-36 regarding miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Includes rows for 37-41 regarding written policies and information retention.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows for 42, 43, and 44.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning 09-01-2017, and ending 08-31-2018

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

WHITEFISH THEATRE COMPANY

Name and title of officer

BECKY RYGG, PRESIDENT

Employer identification number

81-0381173

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | |
|------------------------------------|---------------------------------------|--|-------|-----------|----------------|
| 1a Form 990 check here | ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | | 1b | <u>416,040</u> |
| 2a Form 990-EZ check here | ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | | 2b | |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | | 3b | |
| 4a Form 990-PF check here | ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | | 4b | |
| 5a Form 8868 check here | ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Cora's Tax & Accounting to enter my PIN 54633 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 11-13-2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

811522 69927
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 12-07-2018

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

FEIN

WHITEFISH THEATRE COMPANY

81-0381173

FORM 4562 - LINE 19C

Statement #567

| <u>BASIS</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u> |
|--------------|-----------|-----------|---------------|---------------------|
| 2,637 | 7 | HY | 200 DB | 377 |
| 6,960 | 7 | HY | 200 DB | 995 |
| TOTAL | | | | <u>1,372</u> |

Tax Computation Worksheet For Tax Exempt UBI

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

WHITEFISH THEATRE COMPANY

81-0381173

| LOWER END OF BRACKET | UPPER END OF BRACKET | TAX RATE | INCOME IN BRACKET | INCOME TAX BY BRACKET |
|----------------------------|----------------------------|-------------|-------------------------|-----------------------------|
| 0 | 50,000 | 15 % | | |
| 50,000 | 75,000 | 25 % | | |
| 75,000 | 100,000 | 34 % | | |
| 100,000 | 335,000 | 39 % | | |
| 335,000 | 10,000,000 | 34 % | | |
| 10,000,000 | 15,000,000 | 35 % | | |
| 15,000,000 | 18,333,333 | 38 % | | |
| 18,333,333 | AND UP | 35 % | | |
| TOTALS | | | | |

TAX COMPUTATION FOR CONTROLLED GROUPS

| | | | |
|----------------------|-------|--|--|
| 50,000 BRACKET | 15 % | | |
| 25,000 BRACKET | 25 % | | |
| 9,925,000 BRACKET | 34 % | | |
| ADD'L 5% TAX AMOUNT | 100 % | | |
| ADD'L 3% TAX AMOUNT | 100 % | | |
| 10,000,000 + BRACKET | 35 % | | |
| TOTALS | | | |

TAX COMPUTATION FOR TRUST

| Lower End | Upper End | Tax Rate | Income in Bracket | Income Tax by Bracket |
|---------------|-----------|----------|-------------------|-----------------------|
| 0 | 2,550 | 15% | | |
| 2,550 | 6,000 | 25% | | |
| 6,000 | 9,150 | 28% | | |
| 9,150 | 12,500 | 33% | | |
| 12,500 | AND UP | 39.6% | | |
| TOTALS | | | | |

Blended Tax Rate Worksheet for Fiscal Year Filers

Form 990

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

WHITEFISH THEATRE COMPANY

81-0381173

- | | | |
|---|----|-------|
| 1. Unrelated business taxable income (page 1, Part II, line 34) | 1. | _____ |
| 2. Tax on line 1 figured using the tax rate schedule or Tax Computation worksheet for Members of a Controlled Group | 2. | _____ |
| 3. Tax on line 1 figured using 21% rate | 3. | _____ |
| 4. Multiply line 2 by the number of days in the corporation's tax year before January 1, 2018 | 4. | _____ |
| 5. Multiply line 3 by the number of days in the corporation's tax year after December 31, 2017 | 5. | _____ |
| 6. Divide line 4 by the total number of days in the corporation's tax year | 6. | _____ |
| 7. Divide line 5 by the total number of days in the corporation's tax year | 7. | _____ |
| 8. Add lines 6 and 7. This is the corporation's total tax for the fiscal tax year | 8. | _____ |

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services
For your records only

2017

PAGE 1

Name(s) as shown on return

Social security number/EIN

WHITEFISH THEATRE COMPANY

81-0381173

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|-----|-----------------------|----------|---------|------------------|---------------------|-------------|--------------------|-------------------|------|-----------|--------|--------------------|----------------------|--------------------------|-------------|
| 1 | THEATRE IMPROVEMENTS | 09012003 | 230,896 | | 100.00 | | | 230,896 | 39 | SL MM | 2.564 | 99,998 | 5,920 | 105,918 | 5,920 |
| 2 | BUILDING IMPROVEMENTS | 12312004 | 13,741 | | 100.00 | | | 13,741 | 39 | SL MM | 2.564 | 4,592 | 352 | 4,944 | 352 |
| 3 | BUILDING IMPROVEMENTS | 12312005 | 3,581 | | 100.00 | | | 3,581 | 39 | SL MM | 2.564 | 1,108 | 92 | 1,200 | 92 |
| 4 | BUILDING IMPROVEMENTS | 12312006 | 3,912 | | 100.00 | | | 3,912 | 39 | SL MM | 2.564 | 1,105 | 100 | 1,205 | 100 |
| 5 | BUILDING IMPROVEMENTS | 06182007 | 23,726 | | 100.00 | | | 23,726 | 39 | SL MM | 2.564 | 6,410 | 608 | 7,018 | 608 |
| 6 | BUILDING IMPROVEMENTS | 04072008 | 5,000 | | 100.00 | | | 5,000 | 39 | SL MM | 2.564 | 1,200 | 128 | 1,328 | 128 |
| 7 | SLIDING WINDOW BOX OF | 07162009 | 1,506 | | 100.00 | | | 1,506 | 39 | SL MM | 2.564 | 317 | 39 | 356 | 39 |
| 8 | CARPETING | 08262009 | 1,868 | | 100.00 | | | 1,868 | 5 | | 0 | 1,868 | | 1,868 | |
| 9 | OUTSIDE AND HALLWAY L | 10312009 | 7,557 | | 100.00 | | | 7,557 | 39 | SL MM | 2.564 | 1,528 | 194 | 1,722 | 194 |
| 10 | UPGRADES | 10142010 | 3,159 | | 100.00 | | | 3,159 | 7 | SL HY | 14.286 | 3,159 | | 3,159 | |
| 11 | AISLE LIGHTING UPGRAD | 11192010 | 3,793 | | 100.00 | | | 3,793 | 7 | 200 DB HY | 4.46 | 3,624 | 169 | 3,793 | |
| 12 | GARBAGE DISPOSAL | 02162011 | 192 | | 100.00 | | | 192 | 7 | 200 DB HY | 4.46 | 183 | 9 | 192 | |
| 13 | HEATING AND COOLING S | 08282012 | 10,500 | | 100.00 | | | 10,500 | 39 | SL MM | 2.564 | 1,356 | 269 | 1,625 | 269 |
| 14 | GREENROOM FLOORING | 12292011 | 2,400 | | 100.00 | | | 2,400 | 39 | SL MM | 2.564 | 354 | 62 | 416 | 62 |
| 15 | BUILDING IMPROVEMENTS | 08012013 | 222,854 | | 100.00 | | | 222,854 | 39 | SL MM | 2.564 | 23,094 | 5,714 | 28,808 | 5,714 |
| 16 | RECOVERING SOUND PANE | 09052013 | 925 | | 100.00 | | | 925 | 39 | SL MM | 2.564 | 95 | 24 | 119 | 24 |
| 17 | CARPET AND INSTALLATI | 10212013 | 2,437 | | 100.00 | | | 2,437 | 5 | 200 DB MQ | 11.01 | 2,135 | 268 | 2,403 | 144 |
| 18 | STAGE EQUIPMENT | 12012007 | 13,407 | | 100.00 | | | 13,407 | 7 | | 0 | 13,407 | | 13,407 | |
| 19 | CLEAR COM SYSTEM | 03282008 | 1,441 | | 100.00 | | PY 721 | 1,441 | 7 | | 0 | 1,440 | | 1,440 | |
| 20 | TELEPHONE SYSTEM | 10262006 | 2,751 | | 100.00 | | | 2,751 | 7 | | 0 | 2,751 | | 2,751 | |
| 21 | COMPUTER | 02292008 | 409 | | 100.00 | | | 409 | 5 | | 0 | 408 | | 408 | |
| 22 | COPIER | 06032008 | 5,910 | | 100.00 | | PY 2,955 | 5,910 | 5 | | 0 | 5,909 | | 5,909 | |
| 23 | DELL COMPUTER | 09092008 | 1,196 | | 100.00 | | | 1,196 | 5 | | 0 | 1,196 | | 1,196 | |
| 24 | MICROPHONES | 11122008 | 2,353 | | 100.00 | | | 2,353 | 7 | | 0 | 2,353 | | 2,353 | |
| 25 | CYC LIGHTS | 02272009 | 2,822 | | 100.00 | | | 2,822 | 7 | | 0 | 2,822 | | 2,822 | |
| 26 | MICROPHONES | 07222009 | 299 | | 100.00 | | | 299 | 7 | | 0 | 299 | | 299 | |
| 27 | SHOP SAW | 02052010 | 451 | | 100.00 | | | 451 | 7 | | 0 | 450 | | 450 | |
| 28 | MUSIC LIGHT STANDS | 11242010 | 163 | | 100.00 | | | 163 | 7 | 200 DB HY | 4.46 | 157 | 6 | 163 | |
| 29 | BEACON PORTABLE SOUND | 12012010 | 1,655 | | 100.00 | | | 1,655 | 7 | 200 DB HY | 4.46 | 1,582 | 73 | 1,655 | |
| 30 | 2 SEINHEISSER MIC SYS | 12012010 | 2,001 | | 100.00 | | | 2,001 | 7 | 200 DB HY | 4.46 | 1,912 | 89 | 2,001 | |

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services

For your records only

2017

PAGE 2

Name(s) as shown on return

Social security number/EIN

WHITEFISH THEATRE COMPANY

81-0381173

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|-----|-----------------------------|----------|--------|------------------|---------------------|-------------|--------------------|-------------------|------|-----------|-------|--------------------|----------------------|--------------------------|-------------|
| 31 | 2 SENN BODYPACK SYSTEM | 01012011 | 1,401 | | 100.00 | | | 1,401 | 7 | 200 DB HY | 4.46 | 1,338 | 62 | 1,400 | |
| 32 | TRANSMITTER | 01272011 | 825 | | 100.00 | | | 825 | 7 | 200 DB HY | 4.46 | 789 | 36 | 825 | |
| 33 | LAPTOP COMPUTER JESSE | 08112011 | 700 | | 100.00 | | | 700 | 5 | | 0 | 700 | | 700 | |
| 34 | BLU RAY DVD PLAYER | 10232010 | 120 | | 100.00 | | | 120 | 7 | 200 DB HY | 4.46 | 115 | 5 | 120 | |
| 35 | VANNS WASHER AND DRYER | 02192011 | 1,040 | | 100.00 | | | 1,040 | 7 | 200 DB HY | 4.46 | 995 | 45 | 1,040 | |
| 36 | DELL COMPUTER | 03012012 | 1,090 | | 100.00 | | | 1,090 | 5 | | 0 | 1,090 | | 1,090 | |
| 37 | 2 PAPER CUTTERS | 05292012 | 425 | | 100.00 | | | 425 | 7 | 200 DB MQ | 8.86 | 364 | 38 | 402 | 35 |
| 38 | 1 DBS 120A SUBHARMONIC | 11022011 | 323 | | 100.00 | | | 323 | 7 | 200 DB MQ | 8.75 | 290 | 28 | 318 | 11 |
| 39 | LIFT TABLE | 05022012 | 160 | | 100.00 | | | 160 | 7 | 200 DB MQ | 8.86 | 137 | 14 | 151 | 12 |
| 40 | REFLECTORS FOR EXISTING | 06132012 | 3,034 | | 100.00 | | | 3,034 | 7 | 200 DB MQ | 8.73 | 2,538 | 265 | 2,803 | 326 |
| 41 | HAZER | 06142012 | 1,465 | | 100.00 | | | 1,465 | 7 | 200 DB MQ | 8.73 | 1,225 | 128 | 1,353 | 159 |
| 42 | LOBBY TELEVISION | 06202012 | 760 | | 100.00 | | | 760 | 7 | 200 DB MQ | 8.73 | 635 | 66 | 701 | 81 |
| 43 | ETC LIGHT BORAD | 09082012 | 11,906 | | 100.00 | | | 11,906 | 7 | 200 DB HY | 8.92 | 9,250 | 1,062 | 10,312 | 1,458 |
| 44 | POWER AMP HANGING SPEAKERS | 09162011 | 2,451 | | 100.00 | | | 2,451 | 7 | 200 DB MQ | 8.75 | 2,209 | 214 | 2,423 | 74 |
| 45 | SI PERFORMER 3 | 01102013 | 10,910 | | 100.00 | | | 10,910 | 7 | 200 DB HY | 8.92 | 8,476 | 973 | 9,449 | 1,336 |
| 46 | APPLE IPAD | 01112013 | 476 | | 100.00 | | | 476 | 5 | 200 DB HY | 5.76 | 449 | 27 | 476 | |
| 47 | 2 HEAD SETS SEINNHEISER | 01182013 | 492 | | 100.00 | | | 492 | 7 | 200 DB HY | 8.92 | 382 | 44 | 426 | 60 |
| 48 | MICROPHONES | 03282013 | 622 | | 100.00 | | | 622 | 7 | 200 DB HY | 8.92 | 484 | 55 | 539 | 76 |
| 49 | NEW CURTAIN AND TRACK | 04292013 | 11,006 | | 100.00 | | | 11,006 | 7 | 200 DB HY | 8.92 | 8,550 | 982 | 9,532 | 1,348 |
| 50 | HP COMPUTER | 12172012 | 1,443 | | 100.00 | | | 1,443 | 5 | 200 DB HY | 5.76 | 1,360 | 83 | 1,443 | |
| 51 | WIFI RANGE EXTENDER | 06262014 | 130 | | 100.00 | | | 130 | 5 | 200 DB MQ | 10.94 | 104 | 14 | 118 | 21 |
| 52 | 3 TB EXTERNAL HARD DRIVE | 03222014 | 110 | | 100.00 | | | 110 | 5 | 200 DB MQ | 11.3 | 89 | 12 | 101 | 17 |
| 53 | STAGE BOX | 09272013 | 147 | | 100.00 | | | 147 | 7 | 200 DB MQ | 8.75 | 107 | 13 | 120 | 18 |
| 54 | MICROPHONE EQUIPMENT | 11082013 | 319 | | 100.00 | | | 319 | 7 | 200 DB MQ | 8.75 | 232 | 28 | 260 | 39 |
| 55 | SENNHEISER RECEIVER | 02282014 | 520 | | 100.00 | | | 520 | 7 | 200 DB MQ | 8.87 | 364 | 46 | 410 | 64 |
| 56 | GOLD PLATED VGA MONITOR | 03212014 | 29 | | 100.00 | | | 29 | 7 | 200 DB MQ | 9.3 | 19 | 3 | 22 | 4 |
| 57 | MONITOR EXTENSION CABLE | 06232014 | 36 | | 100.00 | | | 36 | 7 | 200 DB MQ | 10.04 | 23 | 4 | 27 | 4 |
| 58 | 2 BOOM MIKES AND 1 US | 08292014 | 237 | | 100.00 | | | 237 | 7 | 200 DB MQ | 10.04 | 153 | 24 | 177 | 29 |
| 59 | 1 CHIP DLP 1080 P PROJECTOR | 08292014 | 19,135 | | 100.00 | | | 19,135 | 7 | 200 DB MQ | 10.04 | 12,411 | 1,921 | 14,332 | 2,331 |
| 60 | 2 MICROPHONES | 02062015 | 653 | | 100.00 | | | 653 | 7 | 200 DB HY | 12.49 | 367 | 82 | 449 | 80 |

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services

For your records only

2017

PAGE 3

Name(s) as shown on return

Social security number/EIN

WHITEFISH THEATRE COMPANY

81-0381173

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---------------|-----------------------|----------|------------------|------------------|---------------------|-------------|--------------------|-------------------|------|-----------|-------|--------------------|----------------------|--------------------------|---------------|
| 61 | SENNHEISER AUDIO EQUI | 03252015 | 919 | | 100.00 | | | 919 | 7 | 200 DB HY | 12.49 | 517 | 115 | 632 | 113 |
| 62 | NEW SEATS TITAN CARTE | 10152013 | 50,885 | | 100.00 | | | 50,885 | 39 | SL MM | 2.564 | 5,057 | 1,305 | 6,362 | 1,305 |
| 63 | LIGHTING FOR OUTSIDE | 04102014 | 558 | | 100.00 | | | 558 | 39 | SL MM | 2.564 | 47 | 14 | 61 | 14 |
| 64 | UPSTAIRS RAILING | 04182014 | 489 | | 100.00 | | | 489 | 39 | SL MM | 2.564 | 44 | 13 | 57 | 13 |
| 65 | BUILDING IMPROVEMENTS | 08302014 | 14,245 | | 100.00 | | | 14,245 | 39 | SL MM | 2.564 | 1,110 | 365 | 1,475 | 365 |
| 66 | BUILDING IMPROVEMENTS | 08312015 | 94,758 | | 100.00 | | | 94,758 | 39 | SL MM | 2.564 | 4,961 | 2,430 | 7,391 | 2,430 |
| 67 | BUILDING IMPROVEMENTS | 08262016 | 721,523 | | 100.00 | | | 721,523 | 39 | SL MM | 2.564 | 19,272 | 18,500 | 37,772 | 18,501 |
| 68 | GO PRO AND CARDS | 11102015 | 417 | | 100.00 | | | 417 | 7 | 200 DB MQ | 15.31 | 193 | 64 | 257 | 57 |
| 69 | JBL MONITORS | 11252015 | 1,500 | | 100.00 | | | 1,500 | 7 | 200 DB MQ | 15.31 | 696 | 230 | 926 | 205 |
| 70 | CONFERENCE CHAIRS | 06012016 | 4,482 | | 100.00 | | | 4,482 | 7 | 200 DB MQ | 19.68 | 1,395 | 882 | 2,277 | 882 |
| 71 | CONFERENCE TABLE | 07012016 | 4,657 | | 100.00 | | | 4,657 | 7 | 200 DB MQ | 19.68 | 1,449 | 916 | 2,365 | 916 |
| 72 | DANCE STUIDO SOUND PA | 01032017 | 2,563 | | 100.00 | | | 2,563 | 39 | SL MM | 2.564 | 41 | 66 | 107 | 66 |
| 73 | BUILDING ENCLOSURE | 07112017 | 7,102 | | 100.00 | | | 7,102 | 39 | SL MM | 2.564 | 23 | 182 | 205 | 182 |
| 74 | COMPUTER | 10242016 | 515 | | 100.00 | | | 515 | 5 | 200 DB HY | 32 | 103 | 165 | 268 | 165 |
| 75 | HYDRAULIC LIFT | 12122016 | 10,995 | | 100.00 | | | 10,995 | 7 | 200 DB HY | 24.49 | 1,571 | 2,693 | 4,264 | 2,693 |
| 76 | EQUIPMENT | 05112018 | 2,637 | | 100.00 | | | 2,637 | 7 | 200 DB HY | 14.29 | | 377 | 377 | 377 |
| 77 | PORTABLE STAGE | 11272017 | 6,960 | | 100.00 | | | 6,960 | 7 | 200 DB HY | 14.29 | | 995 | 995 | 995 |
| 78 | LEASEHOLD IMPROVEMENT | 02012018 | 57,334 | | 100.00 | | | 57,334 | 39 | SL MM | 1.389 | | 796 | 796 | 796 |
| Totals | | | 1,627,409 | | | | | 1,627,409 | | | | 278,536 | 50,498 | 329,034 | 51,304 |

Land Amount
Net Depreciable Cost

1,627,409

PY 3,676

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

50,498

ST ADJ: