

Return of Organization Exempt From Income Tax

2019

(Rev. January 2020)

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

Header section A-M containing organization name (WHITEFISH THEATRE COMPANY), EIN (81-0381173), address (CENTRAL AVE, WHITEFISH, MT 59937), and principal officer (BECKY RYGG MEAD).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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 Mead, President, including signature and printed name.

Paid Preparer Use Only section for Cora Arnold, Cora's Tax & Accounting, including name, address, and PTIN.

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 345,559 including grants of \$ ) (Revenue \$ 345,559 ) PRODUCED 7 COMMUNITY THEATRE PLAYS, 3 PROFESSIONAL CONCERTS AND 4 EDUCATIONAL PROGRAMS FOR YOUTH, VETERANS AND SENIORS WITH APPROXIMATELY 380 COMMUNITY VOLUNTEERS PARTICIPATING IN ALL ASPECTS OF PRODUCTIONS. COVID-19 CAU SED THE CANCELLATION OF 2 THEATRE PRODUCTIONS, 2 PROFESSIONAL CONCERTS, AND 2 EDUCATIONAL OUTREACHES. FROM SEPT 2019-AUG 2020, 8,022 INDIVIDUALS ATTENDED PRODUCTIONS, INCLUDING APPROXIMATELY 928 SENIORS AND 2,060 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 345,559

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 [ ]

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding IRS filings and tax compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for employees reported, prohibited tax shelter transactions, charitable contributions, and other IRS filings.

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 Enter the number of voting members... 16; 1b Enter the number of voting members... 0; 2 Did any officer, director, trustee... X; 3 Did the organization delegate control... X; 4 Did the organization make any significant changes... X; 5 Did the organization become aware... X; 6 Did the organization have members... X; 7a Did the organization have members... X; 7b Are any governance decisions... X; 8 Did the organization contemporaneously document... 8a X, 8b X; 9 Is there any officer, director, trustee... X

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 Did the organization have local chapters... X; 10b If "Yes," did the organization have written policies...; 11a Has the organization provided a complete copy... X; 11b Describe in Schedule O the process...; 12a Did the organization have a written conflict of interest policy... X; 12b Were officers, directors, or trustees... X; 12c Did the organization regularly and consistently monitor... X; 13 Did the organization have a written whistleblower policy... X; 14 Did the organization have a written document retention and destruction policy... X; 15 Did the process for determining compensation... 15a X, 15b X; 16a Did the organization invest in, contribute assets to... X; 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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... (3)s only available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other; 19 Describe on 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. JENNIFER ASEBROOK (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.

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

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

(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	1.00	X		X			0	0	0	
(2) <u>NORMA MACKENZIE</u> DIRECTOR	1.00	X					0	0	0	
(3) <u>EMILY HUTCHINS</u> DIRECTOR	0.50	X					0	0	0	
(4) <u>BECKY RYGG MEAD</u> PRESIDENT	0.50	X		X			0	0	0	
(5) <u>CHELSEA LEFCOURT</u> SECRETARY	0.50	X		X			0	0	0	
(6) <u>KRISTIN ZUCKERMAN</u> VICE PRESIDENT	0.50	X		X			0	0	0	
(7) <u>PATRICIA THIEL</u> DIRECTOR	0.50	X					0	0	0	
(8) <u>DEREK VANDEBERG</u> DIRECTOR	0.50	X					0	0	0	
(9) <u>GIL JORDAN</u> DIRECTOR	0.50	X					0	0	0	
(10) <u>LYNN GROSSMAN</u> DIRECTOR	0.50	X					0	0	0	
(11) <u>MEG WOLFE</u> DIRECTOR	0.50	X					0	0	0	
(12) <u>SONJA BURGARD</u> DIRECTOR	0.50	X					0	0	0	
(13) <u>MICHAEL J WINN</u> DIRECTOR	0.50	X					0	0	0	
(14) <u>JOHN EVENHUIS</u> DIRECTOR	0.50	X					0	0	0	

**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) ROB KOELZER DIRECTOR	0.50	X					0	0	0	
(16) SCOTT PLOTKIN GOVERNANCE CHAIR	0.50			X			0	0	0	
(17) JENNIFER ASEBROOK EXECUTIVE DIRECTOR	40.00			X			38,476	0	0	
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							38,476	0	0	

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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					
	1b	Membership dues					
	1c	Fundraising events	8,252				
	1d	Related organizations					
	1e	Government grants (contributions)	37,275				
	1f	All other contributions, gifts, grants, and similar amounts not included above	134,961				
	1g	Noncash contributions included in lines 1a-1f	\$				
	h	<b>Total.</b> Add lines 1a-1f		180,488			
Program Service Revenue	2a	<b>PROGRAM SERVICE</b>	711110	148,936	148,936		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		148,936			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,171	14,171		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	28,356			
			(ii) Personal				
			6a	28,356			
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss)		28,356	28,356		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	7b	Less: cost or other basis and sales expenses					
	7c	Gain or (loss)					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ 8,252 of contributions reported on line 1c). See Part IV, line 18						
		8a					
		8b					
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities, See Part IV, line 19						
		9a					
		9b					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		14,202				
		10a	14,202				
		10b	6,068				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		8,134	8,134			
Miscellaneous Revenue	11a						
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		380,085	199,597	0	0	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	35,824	15,415	20,409	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	121,809	121,809		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	17,516	17,516		
<b>9</b> Other employee benefits . . . . .	3,391	3,391		
<b>10</b> Payroll taxes . . . . .	14,642	12,370	2,272	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	1,471	1,471		
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	425	425		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	3,112	3,112		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	21,359	21,359		
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	49,726	49,726		
<b>23</b> Insurance . . . . .	11,213	11,213		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRODUCTION EXPENSE</b>	65,630	65,630		
<b>b</b> <b>TICKETING AND CREDIT CARD</b>	10,432	10,432		
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	2,027	2,027		
<b>d</b> <b>SUPPLIES</b>	3,859			3,859
<b>e</b> All other expenses	9,663	9,663		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e. . . .	372,099	345,559	22,681	3,859
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	22,298	<b>1</b>	28,709
	<b>2</b> Savings and temporary cash investments	395,832	<b>2</b>	404,146
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,656,008		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 430,305	1,261,364	<b>10c</b> 1,225,703
	<b>11</b> Investments - publicly traded securities			<b>11</b>
	<b>12</b> Investments - other securities. See Part IV, line 11			<b>12</b>
	<b>13</b> Investments - program-related. See Part IV, line 11			<b>13</b>
	<b>14</b> Intangible assets			<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11		27,015	<b>15</b> 19,436
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		1,706,509	<b>16</b> 1,677,994	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		65,897	<b>19</b> 23,157
	<b>20</b> Tax-exempt bond liabilities			<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			<b>24</b>
	<b>25</b> 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		546	<b>25</b> 4,445
	<b>26 Total liabilities.</b> Add lines 17 through 25		66,443	<b>26</b> 27,602
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions			<b>27</b>
	<b>28</b> Net assets with donor restrictions			<b>28</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds			<b>29</b>
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>30</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		1,640,066	<b>31</b> 1,650,392
<b>32</b> Total net assets or fund balances		1,640,066	<b>32</b> 1,650,392	
<b>33</b> Total liabilities and net assets/fund balances		1,706,509	<b>33</b> 1,677,994	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	380,085
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	372,099
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,986
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,640,066
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,340
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,650,392

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>x</b>
<b>b</b>	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		<b>x</b>
<b>c</b>	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 on Schedule O.		
<b>3a</b>	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?		<b>x</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

**WHITEFISH THEATRE COMPANY**

**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)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	406,812	283,127	201,900	191,966	180,488	1,264,293
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	406,812	283,127	201,900	191,966	180,488	1,264,293
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						452,820
<b>6 Public support.</b> Subtract line 5 from line 4						811,473

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	406,812	283,127	201,900	191,966	180,488	1,264,293
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,865	3,275	5,892	4,489	14,171	30,692
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,294,985
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	14	62.66 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	15	62.88 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 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; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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 such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>WHITEFISH THEATRE COMPANY</b>	Employer identification number <b>81-0381173</b>
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**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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	\$ 5,000	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	\$ 61,574	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	\$ 5,000	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	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RICHARD & CAROL ATKINSON 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.)

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.

2019

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 1-4 for totals, 5-6 for questions about donor advised funds.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at the end of the tax year, and questions about monitoring and expenses.

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 questions 1a, 1b, 2, and 2a, 2b regarding collections of art and historical treasures, including amounts for revenue and assets.

**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 make 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             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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 Term 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  | <b>3a(i)</b>  |     |    |
| (ii) Related organizations   | <b>3a(ii)</b> |     |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |     |    |
- 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		1,491,099	256,912	1,234,187
c Leasehold improvements			49,726	(49,726)
d Equipment		164,909	123,667	41,242
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,225,703</b>

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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
<b>(1) PREPAID EXPENSES</b>	<b>19,436</b>
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	<b>19,436</b>

**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		
<b>(2) PAYROLL LIABILITIES</b>	<b>4,445</b>	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	<b>4,445</b>	

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





**Part 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**WHITEFISH THEATRE COMPANY**

Employer identification number

**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



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.

Table with 3 columns: Name(s) shown on return (WHITEFISH THEATRE COMPANY), Business or activity to which this form relates (FORM 990 - 1), and Identifying number (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.

Table with 5 main rows for calculations (1-5) and a table for listed property (6-13) with columns for description, cost, and elected cost.

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.)

Table with 3 rows (14-16) for special depreciation allowance and other depreciation, ending with a total of 13,516.

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

Section A

Table with 2 rows (17-18) for MACRS deductions, ending with a total of 34,967.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for asset classification, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 4 rows (20a-d) for alternative depreciation system assets, including class life and recovery periods.

Part IV Summary (See instructions.)

Table with 3 rows (21-23) for summary calculations, ending with a total of 49,726.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 policy statements 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 2019, or fiscal year beginning 09-01-2019, and ending 08-31-2020

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

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**WHITEFISH THEATRE COMPANY**

Name and title of officer

**BECKY RYGG MEAD, 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.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	.....	<b>1b</b>	<u>380,085</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	.....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	.....	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	.....	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	.....	<b>5b</b>	

**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 2019 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 20197 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 2019 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 ▶ 10-28-2020

**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 2019 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 ▶ 11-04-2020

**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**

**2019 PG01**

Name(s) as shown on return

Tax ID Number

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>
3,178	7	MQ	200 DB	795
10,887	7	MQ	200 DB	389
<b>TOTAL</b>				<b><u>1,184</u></b>

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

(Keep for your records)

**2019**

Name(s) as shown on return

**WHITEFISH THEATRE COMPANY**

Tax ID Number

**81-0381173**

2% of the amount on Schedule A, Part II, line 11, column (f) ..... 25,900

Name	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
JOHN AND ANNE COLLINS	5,000	26,500	6,000	7,500	5,000	50,000	24,100
ROSE AND WALTER MONTGOMERY FOUNDATI	5,000	5,000	5,000	5,000	5,000	25,000	
WHITEFISH COMMUNITY FOUNDATION	115,432	58,760	60,455	59,299	61,574	355,520	329,620
MURDOCK CHARITABLE TRUST	125,000					125,000	99,100
GLACIER BANK	9,525				3,000	12,525	
KAREN BURKE AND DON FELDMAN FOUNDAT	10,000					10,000	
SAM AND JULIE BALDRIDGE	5,000					5,000	
CHARLES SCHWAB	5,000					5,000	
WHITEFISH MOUNTAIN RESORT	5,000					5,000	
PAUL JEREMIASSEN		6,200				6,200	
WFCU		7,500	5,250	5,250	5,000	23,000	
SOROPTOMIST		5,000				5,000	
MIKE GOGUEN			5,000		18,000	23,000	
TREACY FOUNDATION			10,000			10,000	
RICHARD & CAROL ATKINSON					5,000	5,000	
<b><u>TOTAL</u></b>							<b><u>452,820</u></b>

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services  
For your records only

2019

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	111,838	5,920	117,758	5,920
2	BUILDING IMPROVEMENTS	12312004	13,741		100.00			13,741	39	SL MM	2.564	5,296	352	5,648	352
3	BUILDING IMPROVEMENTS	12312005	3,581		100.00			3,581	39	SL MM	2.564	1,292	92	1,384	92
4	BUILDING IMPROVEMENTS	12312006	3,912		100.00			3,912	39	SL MM	2.564	1,305	100	1,405	100
5	BUILDING IMPROVEMENTS	06182007	23,726		100.00			23,726	39	SL MM	2.564	7,626	608	8,234	608
6	BUILDING IMPROVEMENTS	04072008	5,000		100.00			5,000	39	SL MM	2.564	1,456	128	1,584	128
7	SLIDING WINDOW BOX OF	07162009	1,506		100.00			1,506	39	SL MM	2.564	395	39	434	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	1,916	194	2,110	194
10	UPGRADES	10142010	3,159		100.00			3,159	7		0	3,159		3,159	
11	AISLE LIGHTING UPGRAD	11192010	3,793		100.00			3,793	7		0	3,793		3,793	
12	GARBAGE DISPOSAL	02162011	192		100.00			192	7		0	192		192	
13	HEATING AND COOLING S	08282012	10,500		100.00			10,500	39	SL MM	2.564	1,894	269	2,163	269
14	GREENROOM FLOORING	12292011	2,400		100.00			2,400	39	SL MM	2.564	478	62	540	62
15	BUILDING IMPROVEMENTS	08012013	222,854		100.00			222,854	39	SL MM	2.564	34,522	5,714	40,236	5,714
16	RECOVERING SOUND PANE	09052013	925		100.00			925	39	SL MM	2.564	143	24	167	24
17	CARPET AND INSTALLATI	10212013	2,437		100.00			2,437	5		0	2,437		2,437	
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		0	163		163	
29	BEACON PORTABLE SOUND	12012010	1,655		100.00			1,655	7		0	1,655		1,655	
30	2 SEINHEISSER MIC SYS	12012010	2,001		100.00			2,001	7		0	2,001		2,001	

\* Item is included in UBIA  
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See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services

For your records only

**2019**

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		0	1,400		1,400	
32	TRANSMITTER	01272011	825		100.00			825	7		0	825		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		0	120		120	
35	VANNS WASHER AND DRYE	02192011	1,040		100.00			1,040	7		0	1,040		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		0	425		425	
38	1 DBS 120A SUBHARMONI	11022011	323		100.00			323	7		0	322		322	
39	LIFT TABLE	05022012	160		100.00			160	7		0	160		160	
40	REFLECTORS FOR EXISTI	06132012	3,034		100.00			3,034	7		0	3,034		3,034	
41	HAZER	06142012	1,465		100.00			1,465	7		0	1,465		1,465	
42	LOBBY TELEVISION	06202012	760		100.00			760	7		0	759		759	
43	ETC LIGHT BORAD	09082012	11,906		100.00			11,906	7	200 DB HY	4.46	11,375	531	11,906	531
44	POWER AMP HANGING SPE	09162011	2,451		100.00			2,451	7		0	2,450		2,450	
45	SI PERFORMER 3	01102013	10,910		100.00			10,910	7	200 DB HY	4.46	10,423	487	10,910	487
46	APPLE IPAD	01112013	476		100.00			476	5		0	476		476	
47	2 HEAD SETS SEINNHEIS	01182013	492		100.00			492	7	200 DB HY	4.46	470	22	492	22
48	MICROPHONES	03282013	622		100.00			622	7	200 DB HY	4.46	595	27	622	27
49	NEW CURTAIN AND TRACK	04292013	11,006		100.00			11,006	7	200 DB HY	4.46	10,515	491	11,006	491
50	HP COMPUTER	12172012	1,443		100.00			1,443	5		0	1,443		1,443	
51	WIFI RANGE EXTENDER	06262014	130		100.00			130	5		0	130		130	
52	3 TB EXTERNAL HARD DR	03222014	110		100.00			110	5		0	109		109	
53	STAGE BOX	09272013	147		100.00			147	7	200 DB MQ	8.75	133	13	146	14
54	MICROPHONE EQUIPMENT	11082013	319		100.00			319	7	200 DB MQ	8.75	288	28	316	31
55	SENNHEISER RECEIVER	02282014	520		100.00			520	7	200 DB MQ	8.87	456	46	502	64
56	GOLD PLATED VGA MONIT	03212014	29		100.00			29	7	200 DB MQ	8.86	25	3	28	4
57	MONITOR EXTENSION CAB	06232014	36		100.00			36	7	200 DB MQ	8.73	30	3	33	4
58	2 BOOM MIKES AND 1 US	08292014	237		100.00			237	7	200 DB MQ	8.73	198	21	219	29
59	1 CHIP DLP 1080 P PRO	08292014	19,135		100.00			19,135	7	200 DB MQ	8.73	16,002	1,670	17,672	2,333
60	2 MICROPHONES	02062015	653		100.00			653	7	200 DB HY	8.92	507	58	565	80

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# Depreciation Detail Listing

Program Services

For your records only

2019

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	8.92	714	82	796	113
62	NEW SEATS TITAN CARTE	10152013	50,885		100.00			50,885	39	SL MM	2.564	7,667	1,305	8,972	1,305
63	LIGHTING FOR OUTSIDE	04102014	558		100.00			558	39	SL MM	2.564	75	14	89	14
64	UPSTAIRS RAILING	04182014	489		100.00			489	39	SL MM	2.564	70	13	83	13
65	BUILDING IMPROVEMENTS	08302014	14,245		100.00			14,245	39	SL MM	2.564	1,840	365	2,205	365
66	BUILDING IMPROVEMENTS	08312015	94,758		100.00			94,758	39	SL MM	2.564	9,821	2,430	12,251	2,430
67	BUILDING IMPROVEMENTS	08262016	721,523		100.00			721,523	39	SL MM	2.564	56,272	18,500	74,772	18,501
68	GO PRO AND CARDS	11102015	417		100.00			417	7	200 DB MQ	8.75	303	36	339	51
69	JBL MONITORS	11252015	1,500		100.00			1,500	7	200 DB MQ	8.75	1,090	131	1,221	182
70	CONFERENCE CHAIRS	06012016	4,482		100.00			4,482	7	200 DB MQ	10.04	2,907	450	3,357	450
71	CONFERENCE TABLE	07012016	4,657		100.00			4,657	7	200 DB MQ	10.04	3,020	468	3,488	468
72	DANCE STUIDO SOUND PA	01032017	2,563		100.00			2,563	39	SL MM	2.564	173	66	239	66
73	BUILDING ENCLOSURE	07112017	7,102		100.00			7,102	39	SL MM	2.564	387	182	569	182
74	COMPUTER	10242016	515		100.00			515	5	200 DB HY	11.52	367	59	426	59
75	HYDRAULIC LIFT	12122016	10,995		100.00			10,995	7	200 DB HY	12.49	6,187	1,373	7,560	1,373
76	EQUIPMENT	05112018	2,637		100.00			2,637	7	200 DB HY	17.49	1,023	461	1,484	461
77	PORTABLE STAGE	11272017	6,960		100.00			6,960	7	200 DB HY	17.49	2,700	1,217	3,917	1,217
78	LEASEHOLD IMPROVEMENT	02012018	57,334		100.00			57,334	39	SL MM	2.564	2,266	1,470	3,736	1,470
79	LEASEHOLD IMPROVEMENT	09242018	3,595		100.00			3,595	39	SL MM	2.564	88	92	180	92
80	OFFICE EQUIPMENT	09242018	5,695		100.00			5,695	5	200 DB MQ	26	1,993	1,481	3,474	1,481
81	THEATRE EQUIPMENT	07222019	5,244		100.00			5,244	7	200 DB MQ	27.55	187	1,445	1,632	1,445
82	SWEETWATER EQUIOMENT	11212019	3,178		100.00			3,178	7	200 DB MQ	25		795	795	795
83	STAGE AND THEATER EQU	08192020	10,887		100.00			10,887	7	200 DB MQ	3.57		389	389	389
<b>Totals</b>			<b>1,656,008</b>					<b>1,656,008</b>				<b>380,579</b>	<b>49,726</b>	<b>430,305</b>	<b>50,541</b>

Land Amount  
Net Depreciable Cost

1,656,008

PY 3,676

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

49,726 ST ADJ:

# Cora's Tax & Accounting

750 2nd Street w Ste A  
Whitefish, MT 59937  
ccora000@centurytel.net  
Phone: (406)863-2668 | Fax: (406)863-2375

November 04, 2020

Whitefish Theatre Company  
1 Central Ave  
Whitefish, MT 59937

Whitefish Theatre Company:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Whitefish Theatre Company from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (406)863-2668.

Sincerely,

Cora Arnold  
Cora's Tax & Accounting

# Cora's Tax & Accounting

750 2nd Street w Ste A  
Whitefish, MT 59937  
ccora000@centurytel.net  
Phone: (406)863-2668 | Fax: (406)863-2375

November 04, 2020

Whitefish Theatre Company  
1 Central Ave  
Whitefish, MT 59937

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (406)863-2668.

Sincerely,

Cora Arnold  
Cora's Tax & Accounting

# Cora's Tax & Accounting

750 2nd Street w Ste A  
Whitefish, MT 59937  
ccora000@centurytel.net  
Phone: (406)863-2668 | Fax: (406)863-2375

Whitefish Theatre Company  
1 Central Ave  
Whitefish, MT 59937

Invoice Date: 11/04/2020  
Phone : 406-862-5371

Your 2019 tax return was prepared by Cora Arnold.

## Description

## Fee

### Federal and Supplemental Forms

Form 990	- Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	- Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	- Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	- Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	- Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	- Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	- Return of Org Exempt from Income Tax, page 7
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Form 990 pg 11	- Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	- Return of Org Exempt from Income Tax, page 12
Schedule A	- Organization Exempt Under Sec 501(c)(3), page 1
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Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3), page 8
Schedule B	- Schedule of Contributors, page 1
Schedule B pg 2	- Schedule of Contributors, page 2
Schedule D	- Supplemental Financial Statement, page 1
Schedule D pg 2	- Supplemental Financial Statement, page 2
Schedule D pg 3	- Supplemental Financial Statement, page 3
Schedule D pg 4	- Supplemental Financial Statement, page 4
Schedule G	- Fundraising and Gaming Activities, page 1
Schedule G pg 2	- Fundraising and Gaming Activities, page 2
Schedule O	- Supplemental Information, page 1
Schedule O pg 2	- Supplemental Information, page 2
Form 4562	- Depreciation and Amortization
Form 8879EO	- E-file Signature Auth for an Exempt Org
FED DEPR Schedule	- Federal Depreciation Schedule
FED DEPR Schedule	- Federal Depreciation Schedule
FED DEPR Schedule	- Federal Depreciation Schedule
Next Year Depr	- Next Year Depreciation Schedule
Next Year Depr	- Next Year Depreciation Schedule
Wks Schedule A	- Schedule A Worksheet - Excess 2% Contributors
Statement 4562	- Form 4562 Statement

Whitefish Theatre Company  
Invoice Date: 11/04/2020  
Phone : 406-862-5371

<u>Description</u>	<u>Fee</u>
Total Forms : 39	Forms Subtotal \$ 780.00
	<u>Total Balance Due \$ 780.00</u>