

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09-01, 2020, and ending 08-31, 2021

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: WHITEFISH THEATRE COMPANY. D Employer identification number: 81-0381173. E Telephone number: (406) 862-5371. G Gross receipts: \$ 455,673. I Tax-exempt status: 501(c)(3). J Website: WWW.WHITEFISHTHEATRECO.ORG. K Form of organization: Corporation. L Year of formation: 1979. M State of legal domicile: MT.

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: BECKY RYGG, Signature of officer, Date. BECKY RYGG, PRESIDENT, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Cora Arnold, Preparer's signature, Date: 11-19-2021, Check self-employed if PTIN: P00288900, Firm's name: Cora's Tax & Accounting, Firm's address: 750 2nd Street w Ste A, Whitefish MT 59937, Firm's EIN, Phone no.: 406-863-2668.

May the IRS discuss this return with the preparer shown above? (see instructions) 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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 364,422 including grants of \$ ) (Revenue \$ 99,708 )

PRODUCED 6 COMMUNITY THEATRE PLAYS WITH APPROXIMATELY 104 COMMUNITY VOLUNTEERS THAT PARTICIPATED IN ALL ASPECTS OF PRODUCTIONS. THIS IS LESS THAN A TYPICAL YEAR DUE TO IMPACTS FROM COVID-19. COVID-19 CAUSED THE CANCELLATION OF 4 THEATRE PRODUCTIONS, 7 PROFESSIONAL CONCERTS, AND 5 EDUCATIONAL OUTREACHES. FROM SEPT 2020-AUG 2021, 1,129 INDIVIDUALS BOUGHT TICKETS TO PRODUCTIONS (487 OF THOSE WERE VIRTUAL TICKETS), INCLUDING APPROXIMATELY 94 SENIORS AND 49 STUDENTS, MANY FROM RURAL AREAS. WE OFFERED THEATRE CLASSES TO LOCAL SCHOOL CHILDREN AS SUMMER CAMPS. UNABLE TO OFFER ADDITIONAL OUTREACH OPPORTUNITIES TO OTHER UNDERSERVED POPULATIONS DUE TO COVID-19.

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 364,422

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 4, 11, 12, and 14. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question description, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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 description, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

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 of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (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, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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 of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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>LYNN GROSSMAN</u> DIRECTOR	0.50	X					0	0	0	
(2) <u>MEG WOLFE</u> DIRECTOR	0.50	X					0	0	0	
(3) <u>DEREK VANDEBERG</u> DIRECTOR	0.50	X					0	0	0	
(4) <u>GIL JORDAN</u> DIRECTOR	0.50	X					0	0	0	
(5) <u>JOHN EVENHUIS</u> DIRECTOR	0.50	X					0	0	0	
(6) <u>ROB KOELZER</u> DIRECTOR	0.50	X					0	0	0	
(7) <u>SONJA BURGARD</u> DIRECTOR	0.50	X					0	0	0	
(8) <u>MICHAEL J WINN</u> DIRECTOR	0.50	X					0	0	0	
(9) <u>NORMA MACKENZIE</u> DIRECTOR	1.00	X					0	0	0	
(10) <u>EMILY HUTCHINS</u> DIRECTOR	0.50	X					0	0	0	
(11) <u>PATRICIA THIEL</u> DIRECTOR	0.50	X					0	0	0	
(12) <u>MARYJANE WESTERMARK</u> TREASURER	1.00	X		X			0	0	0	
(13) <u>BECKY RYGG MEAD</u> PRESIDENT	0.50	X		X			0	0	0	
(14) <u>KRISTIN ZUCKERMAN</u> VICE PRESIDENT	0.50	X		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) <u>CHELSEA LEFCOURT</u> <u>SECRETARY</u>	<u>0.50</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) <u>JENNIFER ASEBROOK</u> <u>EXECUTIVE DIRECTOR</u>	<u>40.00</u>			<input checked="" type="checkbox"/>				0	0	0
(17) <u>SCOTT PLOTKIN</u> <u>GOVERNANCE CHAIR</u>	<u>0.50</u>			<input checked="" type="checkbox"/>				0	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> .....								0	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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a 150,508				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e 203,955				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g \$				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		354,463			
Program Service Revenue	2a	<u>PROGRAM SERVICE</u>	Business Code 711110	55,006	55,006		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		55,006			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,182	12,182		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real	30,498			
			(ii) Personal				
			6c	30,498			
	d	Net rental income or (loss) . . . . . ▶		30,498	30,498		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7c				
	d	Net gain or (loss) . . . . . ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
			8b				
			c	Net income or (loss) from fundraising events . . . . . ▶			
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
		9b					
		c	Net income or (loss) from gaming activities . . . . . ▶				
10a	Gross sales of inventory, less returns and allowances . . . . .	10a	3,524				
		10b	1,502				
		c	Net income or (loss) from sales of inventory . . . . . ▶	2,022	2,022		
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶					
12	<b>Total revenue.</b> See instructions . . . . . ▶		454,171	99,708	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 . . . . .	1,005	1,005		
<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 . . . . .	25,741		25,741	
<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 . . . . .	179,558	179,558		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	17,678	15,398	2,280	
<b>9</b> Other employee benefits . . . . .	8,927	8,760	167	
<b>10</b> Payroll taxes . . . . .	15,705	13,736	1,969	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	1,455	1,455		
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	599		599	
<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 . . . . .	5,315	5,315		
<b>13</b> Office expenses . . . . .	2,161	2,161		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	18,503	18,503		
<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 . . . . .	320	320		
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	50,289	50,289		
<b>23</b> Insurance . . . . .	9,250	9,250		
<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>	52,690	52,690		
<b>b</b> <b>TICKETING AND CREDIT CARD</b>	3,911	3,911		
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	2,071	2,071		
<b>d</b>				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e . .	395,178	364,422	30,756	0
<b>26 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	28,709	1	218,280
	<b>2</b> Savings and temporary cash investments	404,146	2	439,830
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net		4	
	<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		5	
	<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)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges		9	16,987
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,709,262		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 480,594	1,225,703	<b>10c</b> 1,228,668
	<b>11</b> Investments - publicly traded securities			11
	<b>12</b> Investments - other securities. See Part IV, line 11			12
	<b>13</b> Investments - program-related. See Part IV, line 11			13
	<b>14</b> Intangible assets			14
	<b>15</b> Other assets. See Part IV, line 11		19,436	15
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		1,677,994	<b>16</b> 1,903,765	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		17	
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		23,157	19 167,004
	<b>20</b> Tax-exempt bond liabilities			20
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			21
	<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			22
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			23
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			24
	<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		4,445	25 10,842
	<b>26 Total liabilities.</b> Add lines 17 through 25		27,602	<b>26</b> 177,846
<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			27
	<b>28</b> Net assets with donor restrictions			28
	<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			29
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund			30
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		1,650,392	31 1,725,919
	<b>32</b> Total net assets or fund balances		1,650,392	<b>32</b> 1,725,919
<b>33</b> Total liabilities and net assets/fund balances		1,677,994	<b>33</b> 1,903,765	

**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>	454,171
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	395,178
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,993
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,650,392
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,534
<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>	1,725,919

**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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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)(vi)**. (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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (72.46%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (62.66%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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. Answer lines 2a and 2b below.		
<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 line 2a, above, 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. Answer lines 3a and 3b below.		
<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>If "Yes" or "No," 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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 . . . .		
b	Excess from 2017 . . . .		
c	Excess from 2018 . . . .		
d	Excess from 2019 . . . .		
e	Excess from 2020 . . . .		



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ **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

**WHITEFISH THEATRE COMPANY**

Employer identification number

**81-0381173**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

Employer identification number

**WHITEFISH THEATRE COMPANY**

**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	WHITEFISH COMMUNITY FOUNDATION  P O BOX 1060  WHITEFISH MT 59937	\$ 69,504	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MURDOCK CHARITABLE TRUST  P O BOX 1618  VANCOUVER WA 98668	\$ 25,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input 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.

2020

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

WHITEFISH THEATRE COMPANY

81-0381173

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified lines conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

**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				
c Leasehold improvements		1,491,099	344,577	1,146,522
d Equipment	53,254	164,909	136,017	82,146
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,228,668



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

**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>10,842</b>	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	<b>10,842</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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> 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))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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

**2020**

**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](http://www.irs.gov/Form4562) for instructions and the latest information.**

Name(s) shown on return <b>WHITEFISH THEATRE COMPANY</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>81-0381173</b>
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### Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions) . . . . .	1	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

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

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

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

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

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020 . . . . .	17	34,813
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> . . . . .		

#### Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		53,254	7	MO	200 DB	1,901
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 . . . . .	21	59
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	50,289
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
COMPUTER	10-24-2016	100.0%	515	515	5	200 DB-HY	59	
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	<b>59</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for 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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>





**Form 990  
Worksheet**

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

(Keep for your records)

**2020**

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) ..... 25,039

Name	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
JOHN AND ANNE COLLINS	26,500	6,000	7,500	5,000		45,000	19,961
ROSE AND WALTER MONTGOMERY FOUNDATI	5,000	5,000	5,000	5,000		20,000	
WHITEFISH COMMUNITY FOUNDATION	58,760	60,455	59,299	61,574	69,504	309,592	284,553
MURDOCK CHARITABLE TRUST					25,300	25,300	261
GLACIER BANK				3,000	2,500	5,500	
KAREN BURKE AND DON FELDMAN FOUNDAT							
SAM AND JULIE BALDRIDGE							
CHARLES SCHWAB							
WHITEFISH MOUNTAIN RESORT							
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	10,000	
MISSY & PAT CARLOSS					5,000	5,000	

**TOTAL**

**304,775**

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

# Depreciation Detail Listing

Program Services

For your records only

2020

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	117,758	5,920	123,678	5,920
2	BUILDING IMPROVEMENTS	12312004	13,741		100.00			13,741	39	SL MM	2.564	5,648	352	6,000	352
3	BUILDING IMPROVEMENTS	12312005	3,581		100.00			3,581	39	SL MM	2.564	1,384	92	1,476	92
4	BUILDING IMPROVEMENTS	12312006	3,912		100.00			3,912	39	SL MM	2.564	1,405	100	1,505	100
5	BUILDING IMPROVEMENTS	06182007	23,726		100.00			23,726	39	SL MM	2.564	8,234	608	8,842	608
6	BUILDING IMPROVEMENTS	04072008	5,000		100.00			5,000	39	SL MM	2.564	1,584	128	1,712	128
7	SLIDING WINDOW BOX OP	07162009	1,506		100.00			1,506	39	SL MM	2.564	434	39	473	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	2,110	194	2,304	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	2,163	269	2,432	269
14	GREENROOM FLOORING	12292011	2,400		100.00			2,400	39	SL MM	2.564	540	62	602	62
15	BUILDING IMPROVEMENTS	08012013	222,854		100.00			222,854	39	SL MM	2.564	40,236	5,714	45,950	5,714
16	RECOVERING SOUND PANE	09052013	925		100.00			925	39	SL MM	2.564	167	24	191	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  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services

For your records only

**2020**

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 DRYER	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 SUBHARMONIC	11022011	323		100.00			323	7		0	322		322	
39	LIFT TABLE	05022012	160		100.00			160	7		0	160		160	
40	REFLECTORS FOR EXISTING	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		0	11,906		11,906	
44	POWER AMP HANGING SPEAKERS	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		0	10,910		10,910	
46	APPLE IPAD	01112013	476		100.00			476	5		0	476		476	
47	2 HEAD SETS SEINNHEISER	01182013	492		100.00			492	7		0	492		492	
48	MICROPHONES	03282013	622		100.00			622	7		0	622		622	
49	NEW CURTAIN AND TRACK	04292013	11,006		100.00			11,006	7		0	11,006		11,006	
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 DRIVE	03222014	110		100.00			110	5		0	109		109	
53	STAGE BOX	09272013	147		100.00			147	7	200 DB MQ	1.09	146	1	147	1
54	MICROPHONE EQUIPMENT	11082013	319		100.00			319	7	200 DB MQ	1.09	316	3	319	3
55	SENNHEISER RECEIVER	02282014	520		100.00			520	7	200 DB MQ	3.33	502	17	519	18
56	GOLD PLATED VGA MONITOR	03212014	29		100.00			29	7	200 DB MQ	5.53	28	1	29	1
57	MONITOR EXTENSION CABLE	06232014	36		100.00			36	7	200 DB MQ	7.64	33	3	36	3
58	2 BOOM MIKES AND 1 US	08292014	237		100.00			237	7	200 DB MQ	7.64	219	18	237	18
59	1 CHIP DLP 1080 P PROJECTOR	08292014	19,135		100.00			19,135	7	200 DB MQ	7.64	17,672	1,462	19,134	1,463
60	2 MICROPHONES	02062015	653		100.00			653	7	200 DB HY	8.93	565	58	623	80

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

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

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	8.93	796	82	878	113
62	NEW SEATS TITAN CARTB	10152013	50,885		100.00			50,885	39	SL MM	2.564	8,972	1,305	10,277	1,305
63	LIGHTING FOR OUTSIDE	04102014	558		100.00			558	39	SL MM	2.564	89	14	103	14
64	UPSTAIRS RAILING	04182014	489		100.00			489	39	SL MM	2.564	83	13	96	13
65	BUILDING IMPROVEMENTS	08302014	14,245		100.00			14,245	39	SL MM	2.564	2,205	365	2,570	365
66	BUILDING IMPROVEMENTS	08312015	94,758		100.00			94,758	39	SL MM	2.564	12,251	2,430	14,681	2,430
67	BUILDING IMPROVEMENTS	08262016	721,523		100.00			721,523	39	SL MM	2.564	74,772	18,500	93,272	18,501
68	GO PRO AND CARDS	11102015	417		100.00			417	7	200 DB MQ	8.74	339	36	375	51
69	JBL MONITORS	11252015	1,500		100.00			1,500	7	200 DB MQ	8.74	1,221	131	1,352	182
70	CONFERENCE CHAIRS	06012016	4,482		100.00			4,482	7	200 DB MQ	8.73	3,357	391	3,748	391
71	CONFERENCE TABLE	07012016	4,657		100.00			4,657	7	200 DB MQ	8.73	3,488	407	3,895	407
72	DANCE STUIDO SOUND PA	01032017	2,563		100.00			2,563	39	SL MM	2.564	239	66	305	66
73	BUILDING ENCLOSURE	07112017	7,102		100.00			7,102	39	SL MM	2.564	569	182	751	182
74	COMPUTER	10242016	515		100.00			515	5	200 DB HY	11.52	426	59	485	59
75	HYDRAULIC LIFT	12122016	10,995		100.00			10,995	7	200 DB HY	8.93	7,560	982	8,542	982
76	EQUIPMENT	05112018	2,637		100.00			2,637	7	200 DB HY	12.49	1,484	329	1,813	329
77	PORTABLE STAGE	11272017	6,960		100.00			6,960	7	200 DB HY	12.49	3,917	869	4,786	869
78	LEASEHOLD IMPROVEMENT	02012018	57,334		100.00			57,334	39	SL MM	2.564	3,736	1,470	5,206	1,470
79	LEASEHOLD IMPROVEMENT	09242018	3,595		100.00			3,595	39	SL MM	2.564	180	92	272	92
80	OFFICE EQUIPMENT	09242018	5,695		100.00			5,695	5	200 DB MQ	15.6	3,474	888	4,362	888
81	THEATRE EQUIPMENT	07222019	5,244		100.00			5,244	7	200 DB MQ	19.68	1,632	1,032	2,664	1,032
82	SWEETWATER EQUIOMENT	11212019	3,178		100.00			3,178	7	200 DB MQ	21.43	795	681	1,476	681
83	STAGE AND THEATER EQU	08192020	10,887		100.00			10,887	7	200 DB MQ	27.55	389	2,999	3,388	2,999
84	FACILITY NETWORK UPGR	08042021	53,254		100.00			53,254	7	200 DB MQ	3.57		1,901	1,901	1,901
<b>Totals</b>			<b>1,709,262</b>					<b>1,709,262</b>				<b>430,305</b>	<b>50,289</b>	<b>480,594</b>	<b>50,411</b>

Land Amount  
Net Depreciable Cost 1,709,262

PY 3,676

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus 50,289

ST ADJ:

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**WHITEFISH THEATRE COMPANY**

**81-0381173**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	THEATRE IMPROVEMENTS	09-01-2003	230,896	SL	39	5,920
PRG	1	BUILDING IMPROVEMENTS	12-31-2004	13,741	SL	39	352
PRG	1	BUILDING IMPROVEMENTS	12-31-2005	3,581	SL	39	92
PRG	1	BUILDING IMPROVEMENTS	12-31-2006	3,912	SL	39	100
PRG	1	BUILDING IMPROVEMENTS	06-18-2007	23,726	SL	39	608
PRG	1	BUILDING IMPROVEMENTS	04-07-2008	5,000	SL	39	128
PRG	1	SLIDING WINDOW BOX OFFIC	07-16-2009	1,506	SL	39	39
PRG	1	CARPETING	08-26-2009	1,868	M	5	
PRG	1	OUTSIDE AND HALLWAY LIGH	10-31-2009	7,557	SL	39	194
PRG	1	UPGRADES	10-14-2010	3,159	SL	7	
PRG	1	AISLE LIGHTING UPGRADES	11-19-2010	3,793	M	7	
PRG	1	GARBAGE DISPOSAL	02-16-2011	192	M	7	
PRG	1	HEATING AND COOLING SYST	08-28-2012	10,500	SL	39	269
PRG	1	GREENROOM FLOORING	12-29-2011	2,400	SL	39	62
PRG	1	BUILDING IMPROVEMENTS	08-01-2013	222,854	SL	39	5,714
PRG	1	RECOVERING SOUND PANELS	09-05-2013	925	SL	39	24
PRG	1	CARPET AND INSTALLATION	10-21-2013	2,437	M	5	
PRG	1	STAGE EQUIPMENT	12-01-2007	13,407	M	7	
PRG	1	CLEAR COM SYSTEM	03-28-2008	1,441	M	7	
PRG	1	TELEPHONE SYSTEM	10-26-2006	2,751	M	7	
PRG	1	COMPUTER	02-29-2008	409	M	5	
PRG	1	COPIER	06-03-2008	5,910	M	5	
PRG	1	DELL COMPUTER	09-09-2008	1,196	M	5	
PRG	1	MICROPHONES	11-12-2008	2,353	M	7	
PRG	1	CYC LIGHTS	02-27-2009	2,822	M	7	
PRG	1	MICROPHONES	07-22-2009	299	M	7	
PRG	1	SHOP SAW	02-05-2010	451	M	7	
PRG	1	MUSIC LIGHT STANDS	11-24-2010	163	M	7	
PRG	1	BEACON PORTABLE SOUND SY	12-01-2010	1,655	M	7	
PRG	1	2 SEINHEISSER MIC SYSTEM	12-01-2010	2,001	M	7	
PRG	1	2 SENN BODYPACK SYSTEM 2	01-01-2011	1,401	M	7	
PRG	1	TRANSMITTER	01-27-2011	825	M	7	
PRG	1	LAPTOP COMPUTER JESSE	08-11-2011	700	M	5	
PRG	1	BLU RAY DVD PLAYER	10-23-2010	120	M	7	
PRG	1	VANNS WASHER AND DRYER	02-19-2011	1,040	M	7	
PRG	1	DELL COMPUTER	03-01-2012	1,090	M	5	
PRG	1	2 PAPER CUTTERS	05-29-2012	425	M	7	
PRG	1	1 DBS 120A SUBHARMONIC B	11-02-2011	323	M	7	
PRG	1	LIFT TABLE	05-02-2012	160	M	7	
PRG	1	REFLECTORS FOR EXISTING	06-13-2012	3,034	M	7	
PRG	1	HAZER	06-14-2012	1,465	M	7	
PRG	1	LOBBY TELEVISION	06-20-2012	760	M	7	
PRG	1	ETC LIGHT BORAD	09-08-2012	11,906	M	7	
PRG	1	POWER AMP HANGING SPEAKE	09-16-2011	2,451	M	7	
PRG	1	SI PERFORMER 3	01-10-2013	10,910	M	7	
PRG	1	APPLE IPAD	01-11-2013	476	M	5	
PRG	1	2 HEAD SETS SEINNHEISER	01-18-2013	492	M	7	
PRG	1	MICROPHONES	03-28-2013	622	M	7	
PRG	1	NEW CURTAIN AND TRACK	04-29-2013	11,006	M	7	
PRG	1	HP COMPUTER	12-17-2012	1,443	M	5	
PRG	1	WIFI RANGE EXTENDER	06-26-2014	130	M	5	
PRG	1	3 TB EXTERNAL HARD DRIVE	03-22-2014	110	M	5	

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**WHITEFISH THEATRE COMPANY**

**81-0381173**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	STAGE BOX	09-27-2013	147	M	7	
PRG	1	MICROPHONE EQUIPMENT	11-08-2013	319	M	7	
PRG	1	SENNHEISER RECEIVER	02-28-2014	520	M	7	
PRG	1	GOLD PLATED VGA MONITOR	03-21-2014	29	M	7	
PRG	1	MONITOR EXTENSION CABLE	06-23-2014	36	M	7	
PRG	1	2 BOOM MIKES AND 1 USB M	08-29-2014	237	M	7	
PRG	1	1 CHIP DLP 1080 P PROJEC	08-29-2014	19,135	M	7	
PRG	1	2 MICROPHONES	02-06-2015	653	M	7	29
PRG	1	SENNHEISER AUDIO EQUIPME	03-25-2015	919	M	7	41
PRG	1	NEW SEATS TITAN CARTER P	10-15-2013	50,885	M	39	1,305
PRG	1	LIGHTING FOR OUTSIDE BAN	04-10-2014	558	SL	39	14
PRG	1	UPSTAIRS RAILING	04-18-2014	489	M	39	13
PRG	1	BUILDING IMPROVEMENTS	08-30-2014	14,245	M	39	365
PRG	1	BUILDING IMPROVEMENTS	08-31-2015	94,758	M	39	2,430
PRG	1	BUILDING IMPROVEMENTS	08-26-2016	721,523	M	39	18,501
PRG	1	GO PRO AND CARDS	11-10-2015	417	M	7	36
PRG	1	JBL MONITORS	11-25-2015	1,500	M	7	131
PRG	1	CONFERENCE CHAIRS	06-01-2016	4,482	M	7	391
PRG	1	CONFERENCE TABLE	07-01-2016	4,657	M	7	407
PRG	1	DANCE STUDIO SOUND PANEL	01-03-2017	2,563	M	39	66
PRG	1	BUILDING ENCLOSURE	07-11-2017	7,102	M	39	182
PRG	1	COMPUTER	10-24-2016	515	M	5	30
PRG	1	HYDRAULIC LIFT	12-12-2016	10,995	M	7	981
PRG	1	EQUIPMENT	05-11-2018	2,637	M	7	235
PRG	1	PORTABLE STAGE	11-27-2017	6,960	M	7	622
PRG	1	LEASEHOLD IMPROVEMENTS	02-01-2018	57,334	M	39	1,470
PRG	1	LEASEHOLD IMPROVEMENTS	09-24-2018	3,595	M	39	92
PRG	1	OFFICE EQUIPMENT	09-24-2018	5,695	M	5	627
PRG	1	THEATRE EQUIPMENT	07-22-2019	5,244	M	7	737
PRG	1	SWEETWATER EQUIPMENT	11-21-2019	3,178	M	7	487
PRG	1	STAGE AND THEATER EQUIPM	08-19-2020	10,887	M	7	2,143
PRG	1	FACILITY NETWORK UPGRADE	08-04-2021	53,254	M	7	14,671
		<b>TOTAL</b>					<b>59,508</b>

# 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 19, 2021

Whitefish Theatre Company  
1 Central Ave  
Whitefish, MT 59937

Whitefish Theatre Company:

Enclosed is the 2020 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 19, 2021

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: 11/19/2021  
Phone : 406-862-5371

Your 2020 tax return was prepared by Cora Arnold.

<u>Description</u>	<u>Fee</u>
<b>Federal and Supplemental Forms</b>	
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
Form 990 pg 8	- Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	- Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	- Return of Org Exempt from Income Tax, page 10
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
Schedule A pg 2	- Organization Exempt Under Sec 501(c) (3), page 2
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<b>Total Forms : 38</b>	<b>Forms Subtotal \$ 780.00</b>
<b>Total Balance Due \$ 780.00</b>	