

# Short Form Return of Organization Exempt From Income Tax

2012

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury  
Internal Revenue Service

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C</b> Name of organization <b>Opera House Player</b>	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
<b>PO Box 421</b>	
City or town, state or country, and ZIP + 4 <b>Elkader, IA 52043-0421</b>	

<b>D</b> Employer identification number <b>45-1511984</b>
<b>E</b> Telephone number <b>563-873-2378</b>
<b>F</b> Group Exemption Number ▶ <b>N/A</b>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ \_\_\_\_\_

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	19077.55
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	38916.42
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b> Investment income . . . . .	<b>4</b>	135.57
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	2409.63
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	1301.43
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	1108.20
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	<b>9</b>	59237.74	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	200
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	8232.20
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	4160.60
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	2111.73
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	33548.37
<b>17 Total expenses.</b> Add lines 10 through 16 ▶	<b>17</b>	48252.90	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	10984.84
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	77886.59
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	<b>21</b>	88871.43

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	77886.59	<b>22</b> 88871.43
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	77886.59	<b>25</b> 88871.43
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	77886.59	<b>27</b> 88871.43

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote Theater and the Arts.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b> <u>Spring Play - "Self Help for Dummies" Six performances. 14 members cast / crew involved. 696 people attended</u> ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	4769.17
<b>29</b> <u>Summer Children's Production - Two performances - 60 members cast / crew involved. 250 people attended</u> ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	5950.19
<b>30</b> <u>Fall Musical "Oliver" - Seven performances - 56 members cast / crew involved. 1993 people attended</u> ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	14003.78
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	3973.97
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	28697.11

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Jon K. Banse</u> <u>Box 312 Strawberry Point, IA 52076</u>	President 2hr/wk	0	0	0
<u>Barbara K. Chandler</u> <u>100 Haven Drive, N.W. Elkader, IA 52043</u>	Secretary 1hr/wk	0	0	0
<u>Craig H. Strutt</u> <u>414 Main St. McGregor, IA 52157-0503</u>	Treasurer 4hr/wk	0	0	0
<u>Kay Moser</u> <u>908 Carter Rd Elkader, IA 52043</u>	Vice President 2hr/wk	0	0	0
<u>Terri A. Strutt</u> <u>414 Main St. McGregor, IA 52157-0503</u>	Corresponding Secretary 2hr/wk	0	0	0
<u>Del Reimer</u> <u>Elkader, IA 52043</u>	Director	0	0	0
<u>Marge Banse</u> <u>Box 312 Strawberry Point, IA 52076</u>	Director	0	0	0
<u>Diane Fisk</u> <u>Monona, IA 52159</u>	Director	0	0	0
<u>Jerry O'Brien</u> <u>Volga, IA 52077</u>	Director	0	0	0
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>	Signature of officer	Date
	Craig H. Strutt, treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization <i>Opera House Players</i>	Employer identification number <i>45-1511984</i>
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14919	17004	26367	39796	19078	117164
<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 . . . .	35045	42406	33039	27959	38916	177365
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . .	49964	59410	59406	67755	57994	294529
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	
<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 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . .	0	0	11246	15000	0	26246
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						268283

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . .	49964	59410	59406	67755	57994	294529
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	2244	1479	750	460	136	5069
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . .	2244	1479	750	460	136	5069
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	342	0	0	0	1108	1450
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	52550	60889	60156	68235	59238	301048
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	89.1 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	88.5 %

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	1.7 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	2.6 %
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .		<input type="checkbox"/>



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Name of the Organization Opera House Players

Employer Identification Number 45-1511984

Other Expenses Form 990EZ Line 16

Advertising	928.83
Costumes	3697.98
Self Help for Dummies Expenses	
Costumes	136.94
Publicity	122.5
Royalties	480
Set	622.16
Total Self Help for Dummies Expenses	1,361.60
Death by Chocolate Expense	147.38
Copacabana Expense	500
Classic Christmas Expense	165
Improvements	10891.54
Insurance	799
The Last Five Years Expenses	
Ads	384.55
Deposit Return	-349.82
Royalties	1130
Set	831.42
TOTAL Last5.e	1996.15
Lights Exp	267.29
Misc	99.6
Oliver Expenses	
Ads	432.8
Costumes	875.24
Royalties	3303
Set	1532.81
Strike	304.88
TOTAL Oliver Expenses	6448.73
Planning	116.33
Special Childrens Program Expenses	
housing	369.6
Artist Fees	4242.55
Publicity	185.6
Royalties	500.00
TOTAL Special	5,297.75
Supplies	268.86
Planning Spring 2013 Programs	247.08
Working Expenses	
Costumes	43.75
TOTAL Working.e	43.75
TOTAL EXPENSES	33,548.37

Schedule O for 990-EZ Line 31

Last Five Years (Musical)  
Four Performances  
8 members cast / crew  
256 people attended

3628.97

Classic Christmas Fantasy Concert  
Local Talent  
Rental for Piano / Theater  
One Performance Approx 250 people attended

165

Total for Line 31

3793.97

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Name of the Organization

Opera House Players

Employer Identification Number

45-1511984



# Account Balances

As of 12/31/2012

2/13/2013

Page 1

Account	12/31/2012 Balance
<b>Bank Accounts</b>	
182 Day CD	0.00
Checking	12,251.96
Freedombank Checking	1,221.00
Freedombank Savings	30,202.62
Savings 757-2	45,195.85
<b>TOTAL Bank Accounts</b>	<b>88,871.43</b>
<b>OVERALL TOTAL</b>	<b>88,871.43</b>

# Banking Summary

1/1/2012 Through 12/31/2012

2/13/2013

Page 1

Category Description	1/1/2012- 12/31/2012
<b>INCOME</b>	
AHMB.i	
Patron	2,240.00
TOTAL AHMB.i	2,240.00
Costume_Rental	2,524.78
Donation	3,262.55
Dummies.i	
tickets	9,105.99
TOTAL Dummies.i	9,105.99
Forgotten.i	
tshirts	10.00
TOTAL Forgotten.i	10.00
GiftCertificate	25.00
Interest	135.57
Last5.i	
Patrons	500.00
Tickets	3,263.00
TOTAL Last5.i	3,763.00
Lighting Fund	875.10
Members	10,835.00
Oliver.i	
Patron	2,240.00
Tickets	22,747.65
Tshirts	797.53
TOTAL Oliver.i	25,785.18
Sound	50.00
Special.inc	
Tickets	1,250.00
Tshirts	312.00
TOTAL Special.inc	1,562.00
Video	365.00
<b>TOTAL INCOME</b>	<b>60,539.17</b>
<b>EXPENSES</b>	
Uncategorized	0.00
Advertising	928.83
ChristmasE	165.00
Copa.e	
Deposit	400.00
Royalties	100.00
TOTAL Copa.e	500.00
Costumes	3,697.98
Death.e	147.38
Donation Exp	50.00
Dummies.e	
Building	1,192.00
Costumes	136.94
Director	1,000.00
Postage	29.25
Production	925.00

# Banking Summary

1/1/2012 Through 12/31/2012

2/13/2013

Page 2

Category Description	1/1/2012- 12/31/2012
Programs	261.34
Publicity	122.50
Royalties	480.00
Set	622.16
TOTAL Dummies.e	4,769.19
Forgotten.e	
Director	1,000.00
Production	1,450.00
TOTAL Forgotten.e	2,450.00
Improvements	10,891.54
Insurance	799.00
Last5.e	
Ads	384.55
Building	504.80
Deposit	-349.82
Director	250.00
Postage	38.50
Production	650.00
Programs	164.52
Royalties	1,130.00
set	831.42
shipping	25.00
TOTAL Last5.e	3,628.97
Lights Exp	267.29
Misc	99.60
Oliver.e	
Ads	432.80
Building	2,463.80
Costumes	875.24
Director	1,000.00
Postage	51.50
Production	1,957.20
Programs	1,200.56
royalties	3,303.00
Set	1,532.81
Strike	304.88
Tshirts	881.99
TOTAL Oliver.e	14,003.78
Planning	116.33
Postage	379.56
Scholarship	150.00
Special	233.00
Ads	185.60
Artists	4,242.55
Lodging	369.60
Royalties	500.00
tshirts	419.44
TOTAL Special	5,950.19
Spring13.e	
Programs	247.08
TOTAL Spring13.e	247.08

# Banking Summary

1/1/2012 Through 12/31/2012

2/13/2013

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Category Description	1/1/2012- 12/31/2012
Supplies	268.86
Working.e	
Costumes	43.75
TOTAL Working.e	43.75
<b>TOTAL EXPENSES</b>	<b>49,554.33</b>
<b>OVERALL TOTAL</b>	<b>10,984.84</b>