

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Monroe Theatre Guild, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 481
 City or town, state or province, country, and ZIP or foreign postal code
Monror, WI 53566

D Employer identification number
39-1253448

E Telephone number
608-324-6530

G Gross receipts \$ **101086**

F Name and address of principal officer: **Keith Hoesly**
P.O. Box 481, Monroe, WI 53566

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **monroetheatre.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1975**

M State of legal domicile: **WI**

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To entertain and enrich the regional community through live theater and related performing arts. To provide education and experience to develop talent in people of all ages.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	31916	62214
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35989	38365
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91	99
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5241	408
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	73237	101086
	14 Benefits paid to or for members (Part IX, column (A), line 4)		1014
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		8530
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	81269	70984
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	81269	80528	
19 Revenue less expenses. Subtract line 18 from line 12	(8032)	20558	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	631282	653474
	22 Net assets or fund balances. Subtract line 21 from line 20	9305	10939
		621977	642535

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check 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