

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2021 calendar year, or tax year beginning 2021, and ending 2020

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Monroe Theatre Guild Inc. 910 16th Avenue Monroe, WI 53566	39-1253448
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		608-324-6530
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		53,355.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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 **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1975 **M** State of legal domicile: WI

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>To provide regional entertainment through live theatre and related performing arts, activities, and education.</u>			
Activities & Governance	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		10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		9
	5 Total number of individuals employed in calendar year 2021 (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.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	30,751.		39,293.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,355.		13,991.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,091.		71.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,197.		53,355.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,800.		17,640.
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)		62,518.		52,925.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,318.		70,565.	
19 Revenue less expenses. Subtract line 18 from line 12	-19,121.		-17,210.	
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)	571,046.		553,901.
	22 Net assets or fund balances. Subtract line 21 from line 20	-154.		-89.
		571,200.		553,990.

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
	Jennie Lembach	President
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Daniel T Jacobson, CPA	Daniel T Jacobson, CPA	11/16/22		P00089195	
	Firm's name	Reffue, Pas, Jacobson, Roth & Koster, LLP			Firm's EIN ▶	39-1205140
	Firm's address	901 16th Ave Monroe, WI 53566			Phone no.	(608) 325-2141

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