Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31,

Open to Public Inspection

Amended return H(a) Is this a group return	Yes X No Yes No structions) gal domicile: MN
Name change change change Doing business as 41-167775 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 612-822-70	Yes X No Yes No structions) gal domicile: MN
Initial return Number and street (or P.0. box if mail is not delivered to street address) 2951 LYNDALE AVENUE SOUTH 612-822-70	Yes X No Yes No structions) gal domicile: MN
Final 2951 LYNDALE AVENUE SOUTH City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer:BEN SCOTT SAME AS C ABOVE SOUTH 612-822-70 G Gross receipts \$ 2, 3 H(a) Is this a group return for subordinates? H(b) Are all subordinates included?	Yes X No Yes No Structions) gal domicile: MN
terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending SAME AS C ABOVE City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates? F Name and address of principal officer:BEN SCOTT SAME AS C ABOVE H(b) Are all subordinates included?	Yes X No Yes No Structions) gal domicile: MN
Amended return Application pending Application pending F Name and address of principal officer:BEN SCOTT SAME AS C ABOVE H(a) Is this a group return for subordinates? H(b) Are all subordinates included?	Yes X No Yes No structions) gal domicile: MN
Application pending F Name and address of principal officer:BEN SCOTT for subordinates? SAME AS C ABOVE for subordinates? H(b) Are all subordinates included?	Yes No structions) gal domicile: MN
SAME AS C ABOVE H(b) Are all subordinates included?	Yes No structions) gal domicile: MN
	structions) gal domicile; MN
1 1ax-exempt status. [22] 30 ((0)0) [gal domicile: MN
J Website: ► WWW JUNGLETHEATER . COM H(c) Group exemption number	gal domicile; MN
K Form of organization: X Corporation	
Part I Summary	
A Distribute of the American American American American American Companies of the American Am	
THEATER IN THE INTIMATE JUNGLE HOME. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	
Check this box 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)	25
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	23
7 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	155
6 Total number of volunteers (estimate if necessary)	125
7 a Total unrelated business revenue from Part VIII, column (C), line 12	16,875.
b Net unrelated business taxable income from Form 990-T, line 38 7b	3,683.
	ent Year
73.4.609 1.1	L93,454.
9 Program service revenue (Part VIII, line 2g) 774,859. 1,0	066,785.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67, 218.	39,061.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,576,695. 2,2	299,333.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
601 400 1 1	226,351.
	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 •	
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e)	055,621.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,304,314. 2,2	281,972.
19 Revenue less expenses. Subtract line 18 from line 12 272, 381.	17,361.
	of Year
20 Total assets (Part X, line 16) 1,985,260. 1,9	964,446.
21 Total liabilities (Part X, line 26)	543,106.
22 Net assets or fund balances. Subtract line 21 from line 20 1,303,979. 1,3	321,340.
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.	
Signature of officer Date	
Sign F	
Here BEN SCOTT, TREASURER Type or print name and title	
T ADDY ADAMS	
	314654 746749
Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-07 Use Only Firm's address 220 SOUTH SIXTH STREET SUITE 300	40/43
MINNEAPOLIS, MN 55402 Phone no.612-376-	- 4500
May the IRS discuss this return with the preparer shown above? (see instructions)	

Га	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO CREATE POWERFUL AND POETIC THEATER IN THE INTIMATE JUNGLE HOM	ΊΕ,
	WHICH IS DEEPLY ROOTED IN ITS MINNEAPOLIS NEIGHBORHOOD.	
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 X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X 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 ex Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	enses, and
4a		066,782.)
Ta	MAINSTAGE PRODUCTIONS:	,
	THE JUNGLE'S MISSION IS TO CREATE COURAGEOUS, RESONANT THEATER T	HAT
	CHALLENGES, ENTERTAINS, AND SPARKS EXPANSIVE CONVERSATION. THE J	
	VISION IS TO BE A NEIGHBORHOOD THEATER WITH NATIONAL IMPACT,	
	INDISPENSABLE TO OUR COMMUNITY AND ASPIRATIONAL TO THE FIELD. FO	UNDED
	IN 1991, THE JUNGLE DEMONSTRATES HOW THE ARTS CAN BE A CATALYST	FOR
	NEIGHBORHOOD REVITALIZATION, WITH A STRONG HISTORY OF BUSINESS	
	PARTNERSHIPS. IN 1999 THE THEATER MOVED INTO ITS PERMANENT HOME,	
	INTIMATE 148-SEAT SPACE ACROSS THE INTERSECTION FROM ITS ORIGINA	
	LOCATION. ALONG WITH ITS REPUTATION FOR ARTISTIC EXCELLENCE, THE	
	IS PRIZED BY ARTISTS FOR SUPPORTING THEIR DEVELOPMENT AND PROVID	ING
	ACCESS TO CAREER-DEFINING OPPORTUNITIES. SARAH RASMUSSEN BECAME	
4b	(Code:) (Expenses \$ 68,061. including grants of \$) (Revenue \$)	0.
	JUNGLE THEATER PROVIDES COMPLIMENTARY TICKETS TO PROJECT SUCCESS	T FOD
	EACH OF ITS MAINSTAGE PRODUCTIONS. THESE PROGRAMS SERVE OVER 500	
	STUDENTS ANNUALLY.	<u>r</u>
	A COME EARLY, STAY LATE PROGRAM WAS ALSO INITIATED FOR SELECT	
	PRODUCTIONS, IN WHICH SOME PERFORMANCE FEATURED A TALK-BACK FOLI	OWING
	THE SHOW WITH ACTORS AND/OR SUBJECT MATTER EXPERTS.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,700,985.	
		Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4415		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	demosts gerenment entracting committy, and it in ites, complete conceducit, rans rand in minimum minimum men	121		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	1
Do:	Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Sofiedule O Contains a response of flote to any line in this Fart V		 Lv	<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10		
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 155			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
ь		6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		- 25
16		16		Х
	If "Yes," complete Form 4720, Schedule O.	٠٠		
	ii 100, complete i om 4720, comodulo o.	Eorm	990	/2010

Form **990** (2018

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			LX.							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 23										
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?	2		Х							
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?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		Х							
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?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
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 in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	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	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	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?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	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?	16a		X							
b	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?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MN										
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)	availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	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										
	BEN SCOTT - 612-822-7063										
	2951 LYNDALE AVENUE SOUTH, MINNEAPOLIS, MN 55408										

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do		Pos	itior	1 than	ono	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ess person is both an nd a director/trustee)			h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CRAIG ASHBY	2.00	↓		\ .				0.	0.	_
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(2) DAVID WEINSTEIN BOARD VICE CHAIR	1.00	X		х				0.	0.	0.
(3) NANCY WEINGARTNER	1.00	^		^				0.	0.	0.
SECRETARY	1.00	X		х				0.	0.	0.
(4) BEN SCOTT	1.00	123							0.	•
TREASURER	1,00	x		x				0.	0.	0.
(5) BECCA ANSARI	1.00	 								
BOARD MEMBER		X						0.	0.	0.
(6) BRAD BETLACH	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) LARRY BUSSEY	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) ERICKA EKLUND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ED FRIEDLAND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KATY HOOK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JULIA HUTCHINSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) JUCOBY JOHNSON	1.00]							_	_
BOARD MEMBER		Х						0.	0.	0.
(13) KELLY KITA	1.00	1							_	
BOARD MEMBER		X						0.	0.	0.
(14) KARL LAMBERT	1.00	l								
BOARD MEMBER	1	Х						0.	0.	0.
(15) THOM LEWIS	1.00	l							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) AMANDA NOVAK	1.00								^	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) PETER SCHERF	1.00	٠,							^	_
BOARD MEMBER 832007 12-31-18		X						0.	0.	0 • Form 990 (2018)

832007 12-31-18 Form **990** (2018)

Form 990 (2018) THE JUNG	LE THEA!	ref	₹						41-167	777	57 F	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(A) (B) (C) (D) (E) (F)											
Name and title Average			Position (do not check more than one					Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss pe	person is both an			compensation	compensation		amount	of
	week	offic	cer an	d a d	irecto	or/trus	stee)	from	from related		other	
	(list any	stor						the	organizations		compens	ation
	hours for	dire				- D		organization	(W-2/1099-MISC)	from th	ne
	related	ee 01	stee			nsati		(W-2/1099-MISC)	,		organiza	tion
	organizations	trust	al tru		yee	educ					and rela	ted
	below	Individual trustee or director	Institutional trustee	 	oldm	est co	ē				organizat	ions
	line)	Indiv	Instit	Offlicer	Key employee	Highest compensated employee	Former					
(18) BRIAN SHEA	1.00											
BOARD MEMBER		Х						0.	().		0.
(19) MARCIA STOUT	1.00											
BOARD MEMBER		Х						0.	().		0.
(20) MARY SUE WEIR	1.00											
BOARD MEMBER		Х						0.	().		0.
(21) DAVID SWENSON	1.00									+		
BOARD MEMBER		x						0.	().		0.
(22) HEIDI TIESZEN	1.00	25						· ·	`	' '		•
BOARD MEMBER	1.00	X						0.				0.
	1 00	Δ				-	-	0.	(' ' -		0.
(23) BARBARA ZELL	1.00	,,							,			^
BOARD MEMBER	40.00	Х						0.) •		0.
(24) SARAH RASMUSSEN	40.00							0= 004	_			_
ARTISTIC DIRECTOR				Х				87,304.	() •		0.
(25) SHANNON ROBINSON	40.00											
MANAGING DIRECTOR				Х				3,077.	() •		0.
		1										
1b Sub-total	•			•			▶	90,381.	(7.		0.
c Total from continuation sheets to Part VI							•	0.	() .		0.
d Total (add lines 1b and 1c)								90,381.	() .		0.
2 Total number of individuals (including but n							ho r					
compensation from the organization	ot minica to ti	1000	note	o u	0000	C) W	110 1	cocived more than \$100	o,ooo or reportable			0
compensation from the organization											Yes	No
2 Did the amoralization list and forman officer			_		1 -						100	110
3 Did the organization list any former officer,												v
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•							•	the organization			
and related organizations greater than \$150										_	4	X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y uni	relat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensat	ion from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	/ithir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address	NO	INC	3				Description of s	services	Cor	mpensatio	on
							_					
							\dashv					
O Tatal mumb on a Chadan and I also a fine	and the second				11.			d alamana) in the second of	and the co			
2 Total number of independent contractors (i		iot III	nite	a to		se li: N	stec	a above) who received h	nore than			

	rt VI	(===)	nue				41 1077	737 Tage 0
		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
		Check if Schedule O cont	anio a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b	Business Code	1,193,454.	1 066 785		
Program Service Revenue	b d e f	All other program service reve	enue		1,066,785.	1,000,703.		
\dashv	<u>g</u> 3	Total. Add lines 2a-2f			_,000,700			
	4 5	other similar amounts) Income from investment of ta	x-exempt bond p	proceeds	33.			33.
	С	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)						
Other Revenue	8 a	contributions reported on line Part IV, line 18	g events (not 570 • of 1c). See	14,800. 12,393.				
₹		Less: direct expenses Net income or (loss) from fund		12,393.	2,407.			2,407.
	9 a	Gross income from gaming ac Part IV, line 19	ctivities. See		2,10,1			271074
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a	0.4 0.0.1				
		: Net income or (loss) from sale		__	15,310.			15,310.
	11 a	Miscellaneous Revenu ADVERTISING ISCELLANEOUS IN	ie	Business Code 900099 900099			16,875.	4,469.
	C							
	e 12	Total. Add lines 11a-11d Total revenue. See instructions		>	21,344. 2,299,333.	1,066,785.	16,875.	22,219.

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 respon				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	155,871.	82,355.	35,014.	38,502
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	841,415.	740,074.	53,388.	47,953
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,233.	3,081.	152.	
9	Other employee benefits	116,805.	109,700.	4,335.	2,770 3,162
10	Payroll taxes	109,027.	99,292.	6,573.	3,162
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	96,783.		96,783.	
d					
е	. D. C C				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	117,859.	47,415.	50,524.	19,920
12	Advertising and promotion	43,373.		43,373.	
13	Office expenses	89,368.	20,483.	50,911.	17,974
14	Information technology				
15	Royalties				
16	Occupancy	39,176.	30,824.	7,058.	1,294
17	Travel	30,108.	28,808.	1,294.	6
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,825.		11,825.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	92,412.	76,702.	12,938.	2,772
23	Insurance	39,653.	32,912.	5,551.	1,190
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	283,735.	283,708.	27.	
b	TICKETING EXPENSES	98,680.	98,680.		
С	REPAIR AND MAINTENANCE	72,725.	29,951.	42,774.	
d	MISCELLANEOUS	18,335.	8,186.	10,149.	
е	· —	21,589.	8,814.	11,949.	826
25	Total functional expenses. Add lines 1 through 24e	2,281,972.	1,700,985.	444,618.	136,369
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			423,755.	1	439,399.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		176,407.	3	175,029.	
	4	Accounts receivable, net		11,320.	4	198.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Book and a common and all forms all all accounts			93,171.	9	142,759.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,837,337.			
	b	Less: accumulated depreciation	10b	1,630,276.	1,280,607.	10c	1,207,061.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa		1,985,260.	16	1,964,446.	
	17	Accounts payable and accrued expenses			102,836.	17	168,539.
	18	Grants payable			454 065	18	252 225
	19	Deferred revenue			451,267.	19	373,296.
	20					20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities					107 170	22	101 071
_	23	Secured mortgages and notes payable to unrela			127,178.	23	101,271.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			681,281.	25	6/2 106
	26	Total liabilities. Add lines 17 through 25		V	001,201.	26	643,106.
		Organizations that follow SFAS 117 (ASC 958		k nere 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 and			955,255.	0.7	936,106.
lan	27	Unrestricted net assets			348,724.	27	385,234.
Fund Balances	28	Temporarily restricted net assets			340,724.	28	303,234.
ဋ	29			N alasalahana N		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
9		and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds				30 31	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Se.	32	Retained earnings, endowment, accumulated in			1,303,979.	33	1,321,340.
		Total liabilities and not assets fund balances			1,985,260.	34	1,964,446.
	34	Total liabilities and net assets/fund balances			1,703,200•	34	

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	2,29	9,3 1,9 7,3	72.				
3	Revenue less expenses. Subtract line 2 from line 1								
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1,32	1,3	<u>40.</u>				
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			Х				
2a			2a						
	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: Separate basis Consolidated basis Both consolidated and separate basis								
D	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37				
	Act and OMB Circular A-133?		3a		<u>X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

➤ Attach to Form 990 or Form 990-EZ.

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNGLE THEATER

Employer identification number 41-1677757

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.		
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)			
1		•	`		•	,			
2	一	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3	H								
4		A medical research organiz	ation operated in coi	njunction with a nospita	l described	in sectio	n 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). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X								
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11 \				
9	H	An agricultural research org				nd in coni	inction with a land grant	collogo	
9		-				•		-	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the collec	le or	
		university:							
10		An organization that norma							
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of its suppor	t from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	ively to test for public sa	afety. See s	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform t	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga				•		, aivina	
		the supported organization	•	•					
		organization. You must o			a majority	or the dire		apporting	
h		٦ - ٢	-		tion with it	e cupport	od organization(s), by bo	wing	
D		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 mus							
С								ed with,	
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d			, integrated. A supp	orting organization oper	rated in co	nnection v	with its supported organ	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported o	organizations						
q		ride the following information	-	ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					

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.)

Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 763,030. 587,874. 782,368. 734,609. 1,190,241. 4,058,1								
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge								
include any "unusual grants.") 763,030 • 587,874 • 782,368 • 734,609 • 1,190,241 • 4,058,1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge								
ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	22.							
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge								
3 The value of services or facilities furnished by a governmental unit to the organization without charge								
furnished by a governmental unit to the organization without charge								
the organization without charge								
4 Total. Add lines 1 through 3 763,030 587,874 782,368 734,609 1,190,241 4,058.1								
· · · · · · · · · · · · · · · · · · ·	22.							
5 The portion of total contributions								
by each person (other than a								
governmental unit or publicly								
supported organization) included								
on line 1 that exceeds 2% of the								
amount shown on line 11,								
column (f) 1 ,159 ,8	61.							
6 Public support. Subtract line 5 from line 4.	61.							
Section B. Total Support								
Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 763,030 · 587,874 · 782,368 · 734,609 · 1,190,241 · 4,058,1								
7 Amounts from line 4 763,030 • 587,874 • 782,368 • 734,609 • 1,190,241 • 4,058,1	22.							
8 Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,	_							
and income from similar sources 55. 7. 11. 9. 33. 11	<u>5 </u>							
9 Net income from unrelated business								
activities, whether or not the								
business is regularly carried on 11,354. 1,844. 10,034. 5,358. 28,59	<u>0 </u>							
10 Other income. Do not include gain								
or loss from the sale of capital	^							
assets (Explain in Part VI.) 15,029. 23,046. 18,027. 1,771. 15,417. 73,29								
11 Total support. Add lines 7 through 10 4,160,1								
12 Gross receipts from related activities, etc. (see instructions) 12 4,356,35	<u>5 •</u>							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_							
organization, check this box and stop here Section C. Computation of Public Support Percentage								
	<u>%</u> %							
16a 33 1/3 % support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X								
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	22							
•••	\neg							
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	,	1		1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , , , ,	
<u></u>							_
	Cition C. Computation of Publ			actions (f)		45	
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017] 10]	%
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %						
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2018. If the			on line 14 and lin			
136	more than 33 1/3%, check this box a						17 13 1101
L	33 1/3% support tests - 2017. If the		-				
۲.	line 18 is not more than 33 1/3%, che	-					
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? *If* "Yes," *provide detail in* **Part VI.**
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a	
2	
2	
3a	
3b	
3c	
4a	
4b	
4c	
_	
5a	
Eh	
5b 5c	
30	
6	
7	
8	
9a	
9b	
9c	
	_
10a	
10b	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard.	<u> </u>		Ь
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.	1-		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each or its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	c)	
2	Activities Test. Answer (a) and (b) below.	tractions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? 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.	2a		
b		-		
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
ion D - Distributions		,	Current Year
Amounts paid to supported organizations to accomplish exe	mpt purposes		
Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
Amounts paid to acquire exempt-use assets	-		
Qualified set-aside amounts (prior IRS approval required)			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the	ne organization is responsive	e	
• • • • • • • • • • • • • • • • • • • •			
Distributable amount for 2018 from Section C, line 6			
Line 8 amount divided by line 9 amount			
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2018			
From 2013			
From 2014			
From 2015			
From 2016			
From 2017			
Total of lines 3a through e			
•			
• • • • • • • • • • • • • • • • • • • •			
··			
• • • • • • • • • • • • • • • • • • • •			
line 7:			
Applied to underdistributions of prior years			
• • • • • • • • • • • • • • • • • • • •			
• •			
,			
·			
-			
	ion D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount ion E - Distribution Allocations (see instructions) Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D,	Ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsiv (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions for pears prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Excess from 2014 Excess from 2014 Excess from 2015 Excess from 2015 Excess from 2015	Ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exemptives assets Qualified set-asside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions) Distribution and divided by line 9 amount (i) Excess Distribution and Incomplete (ii) Inderdistributions (are provided explain in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reason-alatic acase required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions or years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions or 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess from 2018 Excess from 2016 Excess from 2015 Excess from 2016 Excess from 2016 Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2014 AMOUNT: \$ 15,029. 14,546. 2015 AMOUNT: 18,027. 2016 AMOUNT: 2017 AMOUNT: 1,771. 2018 AMOUNT: 15,417. TICKETING FEES GIFT CARD BREAKAGE INSURANCE CLAIM 2015 AMOUNT: \$ 8,500.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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 for the latest information.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNGLE THEATER

Employer identification number 41-1677757

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ARTISTIC DIRECTOR IN JULY 2015.

AN ANNUAL SEASON OF FIVE OR MORE PRODUCTIONS OF NEW, CONTEMPORARY, AND

CLASSIC WORKS IS PRESENTED ON THE JUNGLE THEATER'S STAGE. EACH SEASON

ENGAGES TOP TWIN CITIES AREA ARTISTS AND PROVIDES BREAKTHROUGH CAREER

OPPORTUNITIES FOR MID-CAREER AND EMERGING ARTISTS. THE THEATER'S

CURRENT ARTISTIC DIRECTOR, SARAH RASMUSSEN, HAS RE-INVIGORATED THE

JUNGLE THEATER'S COMMITMENT TO NEW PLAYS, LEVERAGING HER CONSIDERABLE

NETWORK OF LOCAL AND NATIONAL PLAYWRIGHTS AND THEATER ORGANIZATIONS.

HER APPROACH TO PROGRAMMING, CASTING, AND COMMUNITY ENGAGEMENT IS ALSO

INCLUSIVE OF DIVERSE ARTISTS AND AUDIENCES, WITH A CURRENT FOCUS ON

EXPANDING PROFESSIONAL OPPORTUNITIES FOR DIVERSE FEMALE THEATER

ARTISTS.

IN 2019, OUR SHOWS CONTINUED TO BE CRITICALLY WELL-RECEIVED, WITH

STRONG BOX OFFICE SALES. THE JUNGLE THEATER MAKES MANY TICKETS

AVAILABLE AT DISCOUNTED RATES, WITH MANY THAT ARE COMPLETELY FREE OF

CHARGE, TO ENGAGE A BROADER CONSTITUENCY, INCLUDING DISTRIBUTION

THROUGH PARTNERSHIPS WITH ORGANIZATIONS SUCH AS PROJECT SUCCESS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF DIRECTORS TO

GOVERN THE THEATER IN THE INTERVAL BETWEEN THE MEETINGS OF THE BOARD OF

DIRECTORS, AND SUCH OTHER POWERS AND DUTIES THAT ARE SPECIFIED OR THAT MAY

FROM TIME TO TIME BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE JUNGLE THEATER **Employer identification number** 41-1677757

EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIR, VICE CHAIR, TREASURER, AND SECRETARY. THE ARTISTIC DIRECTOR AND MANAGING DIRECTOR SERVE AS EX-OFFICIO, NONVOTING MEMBERS OF THE EXECUTIVE COMMITTEE. ALL DECISIONS AND ACTIONS OF THE EXECUTIVE COMMITTEE WILL BE TIMELY COMMUNICATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SENT TO THE FINANCE COMMITTEE ELECTRONICALLY FOR REVIEW AND COMMENT. THE FORM 990 IS THEN EMAILED TO ALL BOARD MEMBERS PRIOR TO FILING FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE THEATER'S CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES. EACH COVERED INDIVIDUAL IS ASKED ANNUALLY TO SIGN A CONFLICT OF INTEREST FORM WHICH ASKS THEM TO DESCRIBE ANY RELATIONSHIPS OR CIRCUMSTANCES IN WHICH THEY ARE INVOLVED THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST AS DEFINED BY THE POLICY.

A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST MAY BE APPROVED BY THE BOARD IF THE MATERIAL FACTS AS TO THE TRANSACTION AND THE CONFLICT OF INTEREST ARE FULLY DISCLOSED OR KNOWN TO THE BOARD AND THE BOARD APPROVES THE CONTRACT OR TRANSACTION IN GOOD FAITH BY THE AFFIRMATIVE VOTE (WITHOUT COUNTING THE INTERESTED DIRECTOR) OF A MAJORITY OF THE ENTIRE BOARD AT A MEETING AT WHICH THERE IS A QUORUM PRESENT, AGAIN WITHOUT COUNTING THE INTERESTED DIRECTOR.

PRIOR TO BOARD ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR WHO KNOWS HE OR SHE HAS A CONFLICT OF INTEREST AND WHO 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization THE JUNGLE THEATER

Employer identification number 41–1677757

IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. A DIRECTOR WHO DOES NOT PLAN TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD WILL ACT ON A MATTER IN WHICH THE PERSON KNOWS HE OR SHE HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. IF THE DIRECTOR HAVING THE CONFLICT OF INTEREST IS THE CHAIR, THEN THE REQUIRED DISCLOSURE SHALL BE MADE TO, AND THE REQUIRED REPORT TO THE BOARD SHALL BE MADE BY, THE VICE CHAIR. A PERSON WHO KNOWS HE OR SHE HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE BOARD'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. A PERSON WHO IS KNOWN TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON KNOWN TO HAVE A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE THEATER PARTICIPATES IN THEATER COMMUNICATIONS GROUP'S ANNUAL SURVEY OF MEMBER THEATERS, WHICH INCLUDES INFORMATION GATHERED FROM THEATERS ACROSS

THE NATION IN THE SAME BUDGET GROUP (\$1 MILLION - \$2,999,999). DURING 2018,

THE EXECUTIVE COMMITTEE REVIEWED THIS INFORMATION AS WELL AS LOCAL PEER

GROUP DATA FOR THE MANAGING DIRECTOR AND ARTISTIC DIRECTOR. COMPENSATION

WAS THEN DISCUSSED AND APPROVED BY THE FULL BOARD IN THE ABSENCE OF STAFF.

832212 10-10-18

THE JUNGLE THEATER	Employer identification number 41–1677757
THE MANAGING DIRECTOR REVIEWS THIS SAME NATIONAL SURVEY I	NFORMATION AND, IN
COLLABORATION WITH ARTISTIC DIRECTOR, IS RESPONSIBLE FOR	
COMPENSATION.	DITERITING BITTE
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE THEATER DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ANY	POLICIES AVAILABLE
TO THE PUBLIC. THE THEATER'S FINANCIAL STATEMENTS ARE MAD	E AVAILABLE TO THE
PUBLIC UPON REQUEST.	