

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <p style="text-align: center; font-weight: bold; font-size: 1.2em;">ODDFELLOWS PLAYHOUSE</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center; font-weight: bold;">128 WASHINGTON STREET</p> City or town, state or country, and ZIP + 4 <p style="text-align: center; font-weight: bold;">MIDDLETOWN CT 06457</p>	D Employer identification number <p style="text-align: center; font-weight: bold;">06-0964602</p>
		E Telephone number <p style="text-align: center; font-weight: bold;">860-347-6143</p>	F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.ODDFELLOWS.ORG

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

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 610,811

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
	1 Contributions, gifts, grants, and similar amounts received	1	230,033
	2 Program service revenue including government fees and contracts	2	289,366
	3 Membership dues and assessments	3	
	4 Investment income	4	14,190
	5a Gross amount from sale of assets other than inventory	5a	77,222
	b Less: cost or other basis and sales expenses	5b	120,015
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	-42,793
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	490,796
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	266,563
	13 Professional fees and other payments to independent contractors	13	175,258
	14 Occupancy, rent, utilities, and maintenance	14	50,057
	15 Printing, publications, postage, and shipping	15	4,479
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	85,949
	17 Total expenses. Add lines 10 through 16	17	582,306
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-91,510
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	874,344
	20 Other changes in net assets or fund balances (attach explanation)	20	-34,180
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	748,654

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	482,096	399,401
	23 Land and buildings	429,945	395,527
	24 Other assets (describe ▶ SEE STATEMENT 4)	8,753	8,565
	25 Total assets	920,794	803,493
	26 Total liabilities (describe ▶ SEE STATEMENT 5)	46,450	54,839
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	874,344	748,654

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

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? TO PROVIDE PERFORMING ARTS OPPORTUNITIES FOR YOUNG PEOPLE		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	SEE STATEMENT 6	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 510,315
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 510,315

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MATTHEW J. PUGLIESE C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 MANAGING DIR 45	42,000	0	0
MICHAEL A. SCIOLA C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 CHAIR 5	0	0	0
ELIZABETH BOBRICK C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 VICE CHAIR 1	0	0	0
GRADY L. FAULKNER C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 TREASURER 1	0	0	0
NOEL GARRETT C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 SECRETARY 1	0	0	0
MATTHEW LESSER C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
KRISTEN BRODEUR C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
TINN PHIPPS C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
PAMELA L. LANG C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
JANE S. MCMILLAN C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
GLENN A. TAYLOR C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
CYNTHIA SANDERS C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
MARVIN FARBMAN C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
KELLI LANG C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0
MELISSA Z. SCHILKE C/O ODDFELLOWS PLAYHOUSE, INC.	MIDDLETOWN CT 06457 DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
	Gross receipts, included on line 9, for public use of club facilities 39b		
40	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ CT		
42a	The books are in care of ▶ MATTHEW J. PUGLIESE Telephone no. ▶ 860-347-6143 128 WASHINGTON ST		
	Located at ▶ MIDDLETOWN, CT ZIP + 4 ▶ 06457		
b	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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 ▶

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

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

Total number of other independent contractors each receiving over \$100,000 ▶

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. **CLIENT'S COPY**

Paid Preparer's Use Only

Preparer's signature _____ Date **12/09/09** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC**
505 MAIN STREET
MIDDLETOWN, CT 06457

Preparer's Identifying Number (See instr.) **P00356137**
 EIN **▶ 06-0971998**
 Phone no. **▶ 860-347-5689**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ODDFELLOWS PLAYHOUSE

Employer identification number

06-0964602

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally Integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	382,921	302,496	304,988	376,262	230,033	1,596,700
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						
4 Total. Add lines 1-3	382,921	302,496	304,988	376,262	230,033	1,596,700
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)						
6 Public support. Subtract line 5 from line 4						1,596,700

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 4	382,921	302,496	304,988	376,262	230,033	1,596,700
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,771	4,647	6,320	79,298	14,190	108,226
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,704,926
12 Gross receipts from related activities, etc. (see instructions)					12	688,911
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.6522 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.7049 %
16a 33 1/3 % support test—2008. 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 <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. 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 and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 1-5						
7a 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 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						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

ODDFELLOWS PLAYHOUSE

06-0964602

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization ODDFELLOWS PLAYHOUSE	Employer identification number 06-0964602
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE STARE FUND C/O ROPES & GRAY-PRIVATE CLIENT GR 1 INTERNATIONAL PLACE BOSTON MA 02110	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED WAY 100 RIVERVIEW CENTER MIDDLETOWN CT 06457	\$ 57,682	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MIDDLETOWN COMMISSION OF ARTS WASHINGTON PLAZA MIDDLETOWN CT 06457	\$ 41,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description	How	Whom	Date	Date	Sale	Cost &	Depreciation	Gain /
	Received	Sold	Acquired	Sold	Price	Expense		Loss
INVESTMENT PROCEEDS			VARIOUS	VARIOUS	\$ 77,222	\$ 120,015	\$	-42,793
PURCHASE					\$ 77,222	\$ 120,015	0	-42,793
TOTAL								

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
CONFERENCES/MEETINGS	951
INSURANCE	4,905
PRINTING & COPYING	8,207
POSTAGE	4,252
TELEPHONE	1,808
PROGRAM EXPENSE	23,541
ADMINISTRATIVE SERVICES	286
MISCELLANEOUS	5,945
PROG. ASST, WESLEYAN UNIV	2,828
RENT - PROGRAM STORAGE	5,390
T-SHIRT EXPENSE	1,391
VIDEOS	1,250
TRANSPORTATION COSTS	8,917
ROYALTY EXPENSE	3,249
MAINTENACE	13,029
TOTAL	<u>\$ 85,949</u>

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	\$ -34,180
TOTAL	<u>\$ -34,180</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 1,996	\$ 3,806
PREPAID EXPENSES AND DEFERRED CHARGES	6,757	4,759
	<u>8,753</u>	<u>8,565</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 12,802	\$ 11,367
DEFERRED REVENUE	33,648	43,472
	<u>46,450</u>	<u>54,839</u>

Federal Statements

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

ODDFELLOWS PLAYHOUSE - YEAR ROUND PROGRAMS OF PERFORMING ARTS, CLASSES, AND PRODUCTIONS. THE ORGANIZATION PROVIDES EXTENSIVE OUTREACH PROGRAMS TO YOUNG PEOPLE LIVING IN LOW-INCOME NEIGHBORHOODS. SERVED 1,779 CHILDREN DURING THE FISCAL YEAR.

06-0964602

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
21	Floor	10/16/00	1,100				1,100	39	MMS/L	217	29
			<u>1,100</u>				<u>1,100</u>			<u>217</u>	<u>29</u>
Other Depreciation:											
1	BUILDING	9/30/94	575,108				575,108	30	MO S/L	263,591	19,170
2	BUILDING IMPROVEMENTS	9/30/95	8,648				8,648	30	MO S/L	3,676	288
3	Building Improvements	7/01/98	60,795				60,795	25	MO S/L	24,318	2,432
4	LIGHTING EQUIPMENT	10/19/94	5,885				5,885	10	MO S/L	5,885	0
5	SOUND EQUIPMENT	11/01/94	1,850				1,850	10	MO S/L	1,850	0
6	UPRIGHT CHERRY PICKER	11/07/94	3,400				3,400	10	MO S/L	3,400	0
7	THEATER & VIDEO EQUIPMENT	6/30/95	6,636				6,636	10	MO S/L	6,636	0
8	DAT MACHINE (FOR SOUND)	11/01/96	813				813	5	MO S/L	813	0
9	BOSE SPEAKERS	4/29/98	1,411				1,411	5	MO S/L	1,411	0
10	PLATFORMS	8/25/94	3,561				3,561	10	MO S/L	3,561	0
11	CARPETING	10/05/94	2,500				2,500	10	MO S/L	2,500	0
12	LIGHTING EQUIPMENT	10/17/94	3,818				3,818	10	MO S/L	3,818	0
15	HEATING EQUIPMENT	12/31/98	9,849				9,849	10	MO S/L	8,864	985
17	BUILDING IMPROVEMENTS	8/15/99	3,884				3,884	7	MO S/L	3,884	0
18	BUILDING IMPROVEMENTS	1/17/00	1,545				1,545	15	MO S/L	867	103
20	Chairs	5/25/01	22,613				22,613	7	MO S/L	22,613	0
22	Elec. Impvts.THEATHER (STAG) LIGHTI	9/25/01	17,064				17,064	7	MO S/L	16,455	609
23	NEW COMPUTERS	8/01/02	2,563				2,563	5	MO S/L	2,563	0
24	THEATRE WINDOW BLINDS (COLOR)	10/10/03	4,230				4,230	7	MO S/L	2,870	605
25	NEW WINDOWS	12/31/03	19,563				19,563	15	MO S/L	5,869	1,304
27	LARGE BLACK CURTAIN (BMI)	10/10/03	1,455				1,455	7	MO S/L	987	208
28	NEW WINDOWS -ARCH FEES DONATE	12/31/03	2,500				2,500	15	MO S/L	750	167
29	2001 Dodge 3500 Van	10/30/04	11,720				11,720	5	MO S/L	8,595	2,344
30	1995 Plymouth Voyager	6/30/05	2,000				2,000	5	MO S/L	1,200	400
31	Painting of Asset 29	6/30/05	1,603				1,603	5	MO S/L	962	321
32	HVAC System	4/30/05	40,817				40,817	15	MO S/L	8,617	2,721
33	HVAC System Architect(In-Kind)	4/30/05	7,500				7,500	15	MO S/L	1,583	500
34	Roof Repairs	8/22/05	2,845				2,845	15	MO S/L	537	190
35	LCD Video Projector	12/20/05	1,690				1,690	5	MO S/L	845	338
36	98 Dodge Caravan	1/20/06	3,515				3,515	5	MO S/L	1,699	703
37	Copy Machine	1/31/07	1,995				1,995	5	MO S/L	565	399
38	Painting of Rear of Building	8/23/06	5,472				5,472	15	MO S/L	669	365
39	Marquee Renovation	7/31/07	1,419				1,419	10	MO S/L	130	142
40	Elvator motherboard	10/01/07	1,451				1,451	15	MO S/L	73	96
	Total Other Depreciation		<u>841,718</u>				<u>841,718</u>			<u>412,656</u>	<u>34,390</u>
	Total ACRS and Other Depreciation		<u>841,718</u>				<u>841,718</u>			<u>412,656</u>	<u>34,390</u>
	Grand Totals		842,818				842,818			412,873	34,419
	Less: Dispositions		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>842,818</u>				<u>842,818</u>			<u>412,873</u>	<u>34,419</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	21	Floor	<u>29</u>	<u>29</u>	<u>0</u>
				<u>29</u>	<u>29</u>	<u>0</u>

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
BUILDING	\$ 592,785	\$ 274,735	\$ 592,785	\$ 294,325
EQUIPMENT	71,769	66,682	71,769	69,216
VEHICLES	18,838	12,455	18,838	16,223
BUILDING IMPROVEMENT	159,426	59,001	159,426	67,527
TOTAL	\$ 842,818	\$ 412,873	\$ 842,818	\$ 447,291