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Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning JULY 1, 2012, and ending JUNE 30, 20 13

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
**PLAYTIME PRODUCTIONS, LTD.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1277 COUNTY ROAD Z**

City or town, state or country, and ZIP + 4  
**MOUNT HOREB, WISCONSIN 53572-2813**

**D** Employer identification number  
**39-1546733**

**E** Telephone number  
**608-437-4217**

**F** Group Exemption Number ▶ **N/A**

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

**I** Website: ▶ **WWW.PLYTIMEPRODUCTIONS.ORG**

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

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

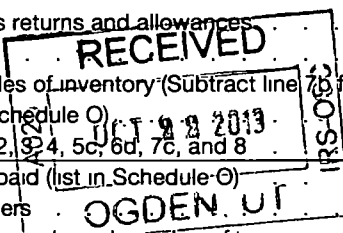
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the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

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **78,495**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	27,102
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	26,149
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	1,166
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ <u>2,369</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	21,393
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	5,642	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	15,751	
<b>Expenses</b>	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	2,685
	<b>b</b> Less: cost of goods sold	<b>7b</b>	1,262
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	1,423
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	71,591
	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	570
	<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>Expenses</b>	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	26,913
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	25,299
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	5,650
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,044
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	16,621
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	78,097
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-6,506
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	40,736
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	34,230



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**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	32,744	24,418
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)	10,806	11,590
<b>25 Total assets</b>	43,550	36,008
<b>26 Total liabilities</b> (describe in Schedule O)	2,814	1,778
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	40,736	34,230

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
<b>28</b> FALL 2012 PLAY - THE PRINCE & THE PAUPER - 18 PERFORMANCES AT 16 DIFFERENT SITES. 25 CHILDREN IN GRADES 3 THROUGH 8 PARTICIPATED IN THE PLAY. ESTIMATED AUDIENCE TOTAL OF 2,498. (Grants \$ 245) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 30,099
<b>29</b> SPRING 2013 PLAY - THE RED SHOES - 18 PERFORMANCES AT 16 DIFFERENT SITES. 25 CHILDREN IN GRADES 3 THROUGH 8 PARTICIPATED IN THE PLAY. ESTIMATED AUDIENCE TOTAL OF 2,087. (Grants \$ 325) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 28,004
<b>30</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> 58,103

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RENAYE LEACH GENERAL MANAGER / ARTISTIC DIRECTOR	30 HOURS	25,000	0	0
MARK O'MARA CO-CHAIR	2 HOURS	0	0	0
DAN VAN ABEL CO-CHAIR	2 HOURS	0	0	0
DAVE JOHNSEN TREASURER	4 HOURS	0	0	0
KATHY VAN ABEL SECRETARY	2 HOURS	0	0	0
TRENT BENISHEK DIRECTOR	.25 HOURS	0	0	0
ED FEENY DIRECTOR	25 HOURS	0	0	0
LYNNE FETT DIRECTOR	.50 HOURS	0	0	0
DEB NIES DIRECTOR	2 HOURS	0	0	0
TERESA PALUMBO DIRECTOR	1 HOUR	0	0	0
KRISTIN SOBOL DIRECTOR	1 HOUR	0	0	0
KURT STUDDT DIRECTOR	2 HOURS	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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

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

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

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

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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ NONE

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

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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ NONE

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <u><i>Dave Johnsen</i></u> Type or print name and title: <b>DAVE JOHNSEN - TREASURER</b>	Date: <u>OCTOBER 13, 2013</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

Employer identification number

PLAYTIME PRODUCTION, LTD.

39-1546733

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

h Provide the following information about the supported organization(s).

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35,495	29,384	31,946	32,847	27,102	156,774
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,366	26,275	27,604	30,260	28,834	136,339
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	28,564	20,245	20,111	17,580	21,393	107,893
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	87,425	75,904	79,661	80,687	77,329	401,006
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,500	1,650	2,250	2,825	3,500	11,725
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	1,500	1,650	2,250	2,825	3,500	11,725
<b>8 Public support.</b> (Subtract line 7c from line 6.)						389,281

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	87,425	75,904	79,661	80,687	77,329	401,006
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	517	489	450	375	1,166	2,997
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	517	489	450	375	1,166	2,997
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	87,942	76,393	80,111	81,242	78,495	404,003

**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**

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.36 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	96.97 %

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.74 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	.69 %

**19a 33 1/3% support tests—2012.** 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—2011.** 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





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>CONCESSIONS</b> (event type)	(event type)	<b>4</b> (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	13,653		10,109	23,762
	<b>2</b> Less: Contributions . . . . .	0		2,369	2,369
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	13,653		7,740	21,393
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .			30	30
	<b>7</b> Food and beverages . . . . .			820	820
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	3,845		947	4,792
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,642
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				15,751	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**PLAYTIME PRODUCTIONS, LTD.**

Employer identification number

**39-1546733**

**PART I - LINE 10 - GRANTS - TOTAL - \$570**

**SCHOLARSHIPS AWARDED TO 4 INDIVIDUAL - FALL - \$245 (\$125 + \$120) AND SPRING - \$325 (\$150 + \$175)**

**PART I - OTHER EXPENSES - TOTAL - \$16,621**

**PRODUCTIONS - \$12,600, INSURANCE - \$1,960, AND OFFICE EXPENSES - \$2,061**

**PART II - OTHER ASSETS - BEGINNING OF YEAR TOTAL - \$10,806**

**VAN - \$7,203, EQUIPMENT - \$1,372, ACCOUNTS RECEIVABLE - \$1,250, AND PREPAID EXPENSES - \$981**

**PART II - OTHER ASSETS - END OF YEAR TOTAL - \$11,590**

**VAN - \$7,203, EQUIPMENT - \$1,456, ACCOUNTS RECEIVABLE - \$2,018, AND PREPAID EXPENSES - \$913**

**PART II - TOTAL LIABILITIES - BEGINNING OF YEAR TOTAL - \$2,814**

**ACCOUNTS PAYABLE - \$215 AND PAYROLL TAXES PAYABLE - \$2,599**

**PART II - TOTAL LIABILITIES - END OF YEAR TOTAL - \$1,778**

**PAYROLL TAXES PAYABLE - \$1,778**

**PART III - WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?**

**PRESENT AN OPPORTUNITY FOR CHILDREN TO PARTICIPATE IN ALL ASPECTS OF THEATRE PRODUCTION AND**

**PROVIDE AFFORDABLE THEATRE EXPERIENCE FOR FAMILY AUDIENCES IN THE GREATER MADISON AREA.**