

Click on the question-mark icons to display help windows.  
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

OMB No. 1545-0047

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 private foundations)

**2020**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning **January 1**, 2020, and ending **December 31**, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>hi</b> <b>Emerson Theater Collaborative</b>	<b>D</b> Employer identification number <b>hi</b> <b>26-236920</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>hi</b> Room/suite <b>PO Box 633</b>	<b>E</b> Telephone number <b>860-705-2163</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Mystic, CT 06355</b>		<b>F</b> Group Exemption Number ▶ <b>hi</b>

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

**I** Website: ▶ **emersontheatercollaborative.org**

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

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **hi**  
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>					20,657
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>					
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>					700
	<b>4</b>	Investment income . . . . .	<b>4</b>					
	<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 \$ _____ 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>					
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>						
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>						
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>						
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>						
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>					13,501	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>					34,858	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>					
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>					
	<b>12</b>	Salaries, other compensation, and employee benefits <b>hi</b> . . . . .	<b>12</b>					15,487
	<b>13</b>	Professional fees and other payments to independent contractors <b>hi</b> . . . . .	<b>13</b>					2,968
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>					3,423
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>					1,244
	<b>16</b>	Other expenses (describe in Schedule O) <b>hi</b> . . . . .	<b>16</b>					28,743
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>					51,865	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>					(17,007)
	<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>					27,316
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>					(44)
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>					10,265

