	000
Form	JJU

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
Co to unum in gov/Form000 for instructions and the latest information

20**19** Open to Public

OMB No. 1545-0047

A For the 2019 calendary year, or tax year beginning 07/01 , 2019, and ending 06/20 , 20 0 B Check if applicable: Chance if applicable: Chance if applicable: D Employable:	Inter	nal Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest i	nformation.		Inspection
□ Address change Doing business as 23-7378198 □ Namber change Number and street (or P.O. box if mail is not delivered to street address) Prom/suite E Telephone number □ Initial return/neminated Initial areturn/neminated Initial return/neminated Indianapolis, IN, 46259 IG Gross receipts \$ 86,979 □ Application pending F Nume and address of principal officer: Aaron B Balley H(a) is this a group return for subordinate? □ Yes □ No □ Tax-exempt status: © Sol(e)(1) ≤ (inset no.) 4947(e)(1) or □ Sor H(a) is this a group return for subordinate? □ Yes □ No □ Tax-exempt status: © Sol(e)(2) ≤ (inset no.) 10447(e)(1) or □ Sor H(a) is this a group return for subordinate? □ Yes □ No □ Tax-exempt status: © Sol(e)(3) = 0(1) ≤ (inset no.) 14947(e)(1) or □ Sor H(c) Solid address included P. Yes □ No □ Tax-exempt status: © Solid Poil Solid Address Solid Poil Solid Head Solid Poil Solid Head No H(c) Solid Poil Solid Poil No H(c) Solid Poil Solid Head No H(c) Solid Poil Solid Poil No □ Tax-exempt status: Solid Poil No Its centrations H(c) Solid Poil No H(c) Solid Poil No Its centrations □ Tax-exempt status:	Α	For the	e 2019 calen	lar year, or tax year beginning 07/01 , 2019, and ending	06/3	0	, 20 20
Image Number and street (or P.O. box if mall is not delivered to street address) Poort/suite E Telephone number Initial return 11150 Southeastern Avenue 317-862-2270 Indianapolis, IN, 46259 G Gross receipts S 86.979 Application pending F Name and address of prioripal officer. Aaron B Balley H(a) is this agoup return for subordinate? Yes Ø No 1 Tax-exempt status: Ø 501(c)(3) [501(c)] (insert n.o.)] 4947(a)(1) or [527] TNo." attach a list. (see instructions) Vebsite: Www.buckcreekplayers.com H(c) Group exemption number > Exceptional community Iheatre. We value: Providing educational & lifelong learning opportunities; Producing theatre that (Continued on Schedule O, Statement 1) 2 Check this box > If the organization is clocontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. . . . 3 Number of independent voting members of the governing body (Part VI, line 1a) 	в	Check if	f applicable:	C Name of organization BUCK CREEK PLAYERS INC		D Emplo	oyer identification number
Initial return 11150 Southeastern Avenue 317-862-2270 Initial return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ 86,979 Application pending FName and address of principal officer: Aaron B Balley H(a) is this agroup return for autordnates included? Yes No I Tax-exempt status: Ø Ot(s(2)) § Ot(s(2)) § Ot(s(2)) Image: Southeastern Avenue, Indianapolis, IN 46259 H(b) Ara disubordnates included? Yes No J Website: > www.buckcreekplayers.com H(c) Group axemption number. H(c) Group axemption number. H(c) Group axemption number. No Contribution: Corporation Trust: Association () Other > L Yes of formation: 1974. M State of legal domicile: IN I Briefly describe the organization's mission or most significant activities: Buck Creek Relayers creates and presents. -		Address	s change	Doing business as			23-7378198
□ Indianapolis, IN, 46259 G Gross receipts \$ 86,979 □ Application pender EV Hall ship soup return for subordinets? [] ves [] No 11150 Southeastern Avenue, Indianapolis, IN 46259 Hall ship soup return for subordinets? [] ves [] No 1 Tax-exempt status: [] Soti(a)(3) [] Soti(a) [] v(meet no.) [] 4947(a)(1) or [] S27 Hall ship soup return for subordinets? [] ves [] No 1 Tax-exempt status: [] Soti(a)(3) [] Soti(a) [] v(meet no.) [] 4947(a)(1) or [] S27 Hall ship soup exemption number > Vebsite: > www.buckcreekplayers.com Hall ship soup exemption number > Hall ship soup exemption number > 2 Check this box, [] fibro organization's mission or most significant activities: Buck, Creek Players creates and presents. exceptional community theatre. We value: Providing educational & lifelong learning opportunities, Producing theatre that [] (Continued on Schedule O, Statement 1) 2 2 Check this box, [] fibro organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volum gemebers of the governing body (Part VI, line 1a). 3 12 4 O 0 0 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 0 6		Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Teleph	none number
Amended return Indianapolis, IN, 46259 G Gross receipts \$ 86,979 Present address of principal officer: Aaron B Balley H(a) Is the a group return for subordinest? [Ves [No]] Image: Status: Sol1(c)(3) Sol1(c)(1) <(insert no.) Image: Status: Sol1(c)(3) Sol1(c)(1) <(insert no.) Image: Status: Sol1(c)(1) <(insert no.) H(a) Is the a group return for subordinest? Image: Status: Sol1(c)(1) <(insert no.) H(a) Is the a group return for subordinest? Image: Status: Sol1(c)(2) <(insert no.) H(a) Is the a group return for subordinest? Image: Status: Sol1(c)(3) Sol1(c)(1) <(insert no.) H(a) Is the a group return for subordinest? Image: Status: Sol1(c)(3) Sol1(c)(1) <(insert no.) H(a) Is the a group return for subordinest? Image: Status: Sol1(c)(3) Sol1(c)(1) <(insert no.) H(b) Is the a group return for subordinest? H(c) Is the a group return for subordinest? Image: Status: Sol1(c)(3) Sol1(c)(3) Sol1(c)(1) Image: Status: H(c) Is the a group return for subordinest? Image: Status: Sol1(c)(3) Sol1(c)(3) Sol1(c)(3) Image: Status: <td< th=""><th>V</th><th>Initial re</th><th>eturn</th><th>11150 Southeastern Avenue</th><th></th><th></th><th>317-862-2270</th></td<>	V	Initial re	eturn	11150 Southeastern Avenue			317-862-2270
Application pending F Name and address of principal officer: Aaron B Bailey H(a) Is this a group netum for subordinates included] Ves No I Tax-exempt status: Sol1(c)(3) Sol1(c)(3) Ves No J Website: www.buckcreekplayers.com H(a) is this a group netum for subordinates included? No K Form of organization: Corporation Tits: Association Other > L Year of formation: 1974 M State of less; Gene instructions) Version: Continued on Schedule (), Statement 1) Association is continued is operation is continued is operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 12 4 Number of independent voting members of the governing body (Part VI, line 1a). 3 10 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 1175 7a Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 9 Program service revenue (Part VIII, column (C), line 12 7a 0 14 Number of individuals employed in calendar year 2019 (Part V, line 2a) 0 0 <th></th> <th>Final ret</th> <th>urn/terminated</th> <th>City or town, state or province, country, and ZIP or foreign postal code</th> <th></th> <th></th> <th></th>		Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
11150 Southeastern Avenue, Indianapolis, IN 46259 H(b) Are all subordinates included? ∀es № № I Tax-exempt status: Ø 501(c)(3) ≤ 01(c) + (insert no.) 4947(a)(1) or ≤ 27 I'TNo.* attach a list. (see instructions) Wobsite: ► www.buckcreekplayers.com H(c) Group exemption number ► K Form of organization: Corporation Trust Association Other ► L Year of formation: 1074 M State of legal domicile: IN 2 The direct the organization's mission or most significant activities: Buck Creek Players creates and presents exceptional community theatre. We value: Providing educational & lifelong learning opportunities: Producing theatre that (Continued on Schedule O, Statement 1) 2 Check this box ↓ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voluing members of the governing body (Part VI, line 1a) 4 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 1a) 5 0 6 T75 Total number of voluinteers (estimate if necessary) 7b 0 7a Total number of individuals employed in calendar year 2019 (Part V, line 1a) 38,091 20,338 9 Program service revenue (Part VIII, column (C), line 12 7a 0 0		Amende	ed return	Indianapolis, IN, 46259		G Gross	receipts \$ 86,979
I Tax-exempt status: ✓ 501(c)(3) 501(c) () (mset no.) 4947(a)(1) or 527 H*No." attach a list. (see instructions) J Webste: Webste: Yewe buckcreekplayers.com Heig Group exemption number F Kommary Briefly describe the organization (Comparization Schedule O, Statement 1) I Briefly describe the organization (Schedule O, Statement 1) Continued on Schedule O, Statement 1) State A and Schedule O, Statement 1) State anste Schedule O, Statement 1)		Applicat	tion pending	F Name and address of principal officer: Aaron B Bailey	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🕑 No
J Website ▶ Www.buckcreekplayers.com H(c) Group exemption number ▶ K Form of organization: ©Corporation □ Trust □ Association □ Other ▶ L Year of formation: 1974 M State of legal domicile: IN Part II Summary M State of legal domicile: 0.5 statement 1) M State of legal domicile: 0.5 statement 1) Continued on Schedule 0. Statement 1) Continued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 0 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 0 5 Total number of individuals employed in calendar year 2019 (Part VI, line 2a) 5 0 5 Total number of volunteers (estimate if necessary) 7b 0 6 175 7a Cotal number of Part VIII, column (A), lines 3, 4, and 7d) 0 0 6 Difter revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 10 0 0 7a Gatal sand similar amounts paid (Part IX, column (A), lines 1-3) 0 110, line 3-3 0 10 7a Total unmber of rome Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0				11150 Southeastern Avenue, Indianapolis, IN 46259	H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No
K Form of organization: □ Trust □ Association □ Other ► L Year of formation: 1974 M State of legal domicile: IN 1 Briefly describe the organization's mission or most significant activities: Buck Creek Players creates and presents exceptional community theatre. We value: Providing educational & lifelong learning opportunities: Producing theatre that 2 Check this box ► □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 4 0 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 0 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7a 7a 0 7 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7b 0 0 8 Contributions and grants (Part VIII, line 1h) 20,338 9Program service revenue (Part VIII, line 2g) 17b 0 10 Investment income (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e) 0 0 0	<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," attach	n a list. (se	ee instructions)
Part I Summary 1 Briefly describe the organization's mission or most significant activities: Buck Creek Players creates and presents. exceptional community theatre. We value: Providing educational & lifelong learning opportunities: Producing theatre that (Continued on Schedule O, Statement 1) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2019 (Part VI, line 1b)	J	Website	e: 🕨 www.bu	uckcreekplayers.com	H(c) Group ex	emption	number 🕨
1 Briefly describe the organization's mission or most significant activities: Buck Creek Players creates and presents. exceptional community theatre. We value: Providing educational & lifelong learning opportunities: Producing theatre that (Continued on Schedule O, Statement 1) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 255% of its net assets. 3 12 4 Number of voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2019 (Part VI, line 2a) 5 6 Total number of volunteers (estimate in necessary) 6 6 Total number of volunteers (estimate in necessary) 7b 0 7a Total number of volunteers (estimate in necessary) 7b 0 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, line 3, 4, and 7d) 0 0 12 Total revenue (Part VIII, olumn (A), lines 3, 4, and 7d) 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14	к	Form of	organization: 🗸	Corporation ☐ Trust	ion: 1974	M State	of legal domicile:
exceptional community theatre. We value: Providing educational & lifelong learning opportunities; Producing theatre that (Continued on Schedule O, Statement 1) 2 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)	Ρ	art I		•			
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957		1	Briefly des	cribe the organization's mission or most significant activities: Buck Cr	eek Players cr	eates a	nd presents
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	ce		exceptiona	I community theatre. We value: Providing educational & lifelong learning	opportunities;	Produc	ing theatre that
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	nan		(Continued	on Schedule O, Statement 1)			
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	ver	2	Check this	box \blacktriangleright if the organization discontinued its operations or disposed	of more than 2	25% of	its net assets.
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	12
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	0
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	itie	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a) .		-	0
b Net unrelated business taxable income from Form 990-T, line 39 To To 8 Contributions and grants (Part VIII, line 1h) 38,091 20,338 9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 110, line 36, 24, 244 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (D), line 25) 2,498 2 3 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 79,957	ži	6	Total numb	per of volunteers (estimate if necessary)		6	175
ProgramPrior YearCurrent Year9Program service revenue (Part VIII, line 1h)	Ă	7a				7a	0
908Contributions and grants (Part VIII, line 1h).38,09120,3389Program service revenue (Part VIII, column (A), line 2g)81,09366,64110Investment income (Part VIII, column (A), lines 3, 4, and 7d)0011Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0012Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)119,18486,97913Grants and similar amounts paid (Part IX, column (A), lines 1–3)01,00014Benefits paid to or for members (Part IX, column (A), line 4)0015Salaries, other compensation, employee benefits (Part IX, column (A), line 5–10)0016aProfessional fundraising fees (Part IX, column (D), line 25) ▶2,498217Other expenses (Part IX, column (D), line 25) ▶2,498218Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87680,95719Revenue less expenses. Subtract line 18 from line 1227,3086,02220Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266		b	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0
9 Program service revenue (Part VIII, line 2g) 81,093 66,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 119,184 86,979 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 1,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 2,498 2 2 17 Other expenses (Part IX, column (A), line 11e) 2,498 91,876 79,957 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 80,957 19 Revenue less expenses. Subtract line 18 from line 12 27,308 6,022 20 Total assets (Part X, line 16) 2					Prior Year		Current Year
11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0012Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)119,18486,97913Grants and similar amounts paid (Part IX, column (A), lines 1–3)01,00014Benefits paid to or for members (Part IX, column (A), line 4)0015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)0016aProfessional fundraising fees (Part IX, column (A), line 11e)0017Other expenses (Part IX, column (D), line 25) ▶2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)91,87679,95718Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87680,95719Revenue less expenses. Subtract line 18 from line 1227,3086,02220Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266	ē	8		e (, , , , , , , , , , , , , , , , , ,		38,091	20,338
11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0012Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)119,18486,97913Grants and similar amounts paid (Part IX, column (A), lines 1–3)01,00014Benefits paid to or for members (Part IX, column (A), line 4)0015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)0016aProfessional fundraising fees (Part IX, column (A), line 11e)0017Other expenses (Part IX, column (D), line 25) ▶2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)91,87679,95718Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87680,95719Revenue less expenses. Subtract line 18 from line 1227,3086,02220Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266	enu	9				81,093	66,641
11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0012Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)119,18486,97913Grants and similar amounts paid (Part IX, column (A), lines 1–3)01,00014Benefits paid to or for members (Part IX, column (A), line 4)0015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)0016aProfessional fundraising fees (Part IX, column (A), line 11e)0017Other expenses (Part IX, column (D), line 25) ▶2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)91,87679,95718Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87680,95719Revenue less expenses. Subtract line 18 from line 1227,3086,02220Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266	Še v	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
13Grants and similar amounts paid (Part IX, column (A), lines 1–3)01,00014Benefits paid to or for members (Part IX, column (A), line 4)0015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)0016aProfessional fundraising fees (Part IX, column (A), line 11e)0016aProfessional fundraising expenses (Part IX, column (D), line 25)2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)91,87679,95718Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87680,95719Revenue less expenses. Subtract line 18 from line 1227,3086,02220Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266		11				0	0
14Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)016aProfessional fundraising fees (Part IX, column (A), line 11e)016aProfessional fundraising expenses (Part IX, column (A), line 11e)017Other expenses (Part IX, column (D), line 25)2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)91,87618Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87619Revenue less expenses. Subtract line 18 from line 1227,30820Total assets (Part X, line 16)824,24421Total liabilities (Part X, line 26)022Net assets or fund balances. Subtract line 21 from line 20824,244830,266		12	-		1	19,184	86,979
Section15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)016aProfessional fundraising fees (Part IX, column (A), line 11e)0016aProfessional fundraising expenses (Part IX, column (A), line 25)2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)2,49817Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87618Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87619Revenue less expenses. Subtract line 18 from line 1227,30820Total assets (Part X, line 16)824,24421Total liabilities (Part X, line 26)022Net assets or fund balances. Subtract line 21 from line 20824,244830,266		-				-	1,000
Vertical Section16aProfessional fundraising fees (Part IX, column (A), line 11e)0bTotal fundraising expenses (Part IX, column (D), line 25)2,49817Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)2,49818Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91,87619Revenue less expenses. Subtract line 18 from line 1227,30820Total assets (Part X, line 16)824,24421Total liabilities (Part X, line 26)022Net assets or fund balances. Subtract line 21 from line 20824,244830,266						0	0
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TT-24e) 1 91,876 79,957 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 80,957 19 Revenue less expenses. Subtract line 18 from line 12 27,308 6,022 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 824,244 830,266 21 Total liabilities (Part X, line 26) 0 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 824,244 830,266	es	15				0	0
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TT-24e) 1 91,876 79,957 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 80,957 19 Revenue less expenses. Subtract line 18 from line 12 27,308 6,022 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 824,244 830,266 21 Total liabilities (Part X, line 26) 0 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 824,244 830,266	sue	16a				0	0
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TT-24e) 1 91,876 79,957 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,876 80,957 19 Revenue less expenses. Subtract line 18 from line 12 27,308 6,022 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 824,244 830,266 21 Total liabilities (Part X, line 26) 0 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 824,244 830,266	ğ	b					
19Revenue less expenses. Subtract line 18 from line 1227,3086,0225 % 5 % 5 % 5 % 20Total assets (Part X, line 16)End of Year20Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266	ш		-			91,876	79,957
SolutionBeginning of Current YearEnd of Year20Total assets (Part X, line 16)824,244830,26621Total liabilities (Part X, line 26)0022Net assets or fund balances. Subtract line 21 from line 20824,244830,266		18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		91,876	80,957
			Revenue le	ess expenses. Subtract line 18 from line 12		27,308	6,022
	s or				Beginning of Curre	ent Year	End of Year
	sets alan	20	Total asset	s (Part X, line 16)	8	24,244	830,266
	it As	21	Total liabili	ties (Part X, line 26)		0	0
	хŗ	22			8	24,244	830,266

Part II Signature Block

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

Sign Here	Signature of officer Aaron Bailey, President Type or print name and title			Date	1				
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN			
Use Only	Firm's name	Firm's EIN ►							
	Firm's address ►	Phone no.							
May the IRS	discuss this return with the preparer s	shown above? (see instructions) .				. 🗌 Yes 🗌 No			
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 9									

Form 99	0 (2019) Page 2
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Buck Creek Players creates and presents exceptional community theatre. We value: Providing educational & lifelong learning opportunities; Producing theatre that involves, engages, reflects, & nourishes the community; Maintaining a strong & diverse
	volunteer base; Ensuring equitable opportunities for all, regardless of race, ethnicity, gender, sexual orientation, disability,
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 52,904 including grants of \$ 0) (Revenue \$ 44,834)
Ĩŭ	Production of all volunteer theatrical productions by and for the community. This included full productions of The Rocky Horror
	Show, TRAP, Closed for the Holidays, and Four Old Broads. This also includes cost for Rosie the Riveter, which has delayed its
	performances due to COVID-19, and the cancellation of A Gentleman's Guide to Love and Murder, which was cancelled due to COVID-19.
4b	(Code:) (Expenses \$12,193 including grants of \$0) (Revenue \$0)
	Volunteer maintenance, improvements, repairs, and operations of our building, scene shop, lighting, sound, costumes, and props
	at our facility.
4c	(Code:) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 633)
	The Blaine Jarrett Memorial Scholarship Fund, which provides a scholarship to a high school senior or college freshmen that is
	advancing their education in the theatrical arts.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ► 66,097
4e	lotal program service expenses 66,097

Form 99	0 (2019)		F	Page 3
Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
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? <i>If "Yes," complete Schedule C, Part III</i>	5		~
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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		>
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		>>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u> </u>	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 990 (2019)

Part	Checklist of Required Schedules (continued)			
			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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		>
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? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		>
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		2
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Page **4**

Form **990** (2019)

Form 99	0 (2019)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		~
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
°u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ũ	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	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	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h				
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			
~				
C 14a	Enter the amount of reserves on hand Image: the serves of the serves	14a		~
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		-
b 15		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	16		~
	excess parachute payment(s) during the year?	15		V
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	16		~

Form 990 (2	2019)
--------------------	-------

Page 5

Form 99	00 (2019)				F	Page 6					
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on S	Schedule O. S	See in	struci	tions.					
	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	• •				~					
Secu	on 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	12		165	NO					
.u	If there are material differences in voting rights among members of the governing body, or		12								
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent . 1b										
2											
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o			3		~					
4	Did the organization make any significant changes to its governing documents since the prior For			4		~					
5	Did the organization become aware during the year of a significant diversion of the organizati			5		~					
6	Did the organization have members or stockholders?			6	~						
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		or appoint	7a	v						
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by)		7b	~						
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:										
а	The governing body?			8a	~						
b	Each committee with authority to act on behalf of the governing body?			8b	~						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be	reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		~					
Secti	on B. Policies (This Section B requests information about policies not required by th	e Int	ernal Reven	ue Co	ode.)						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		~					
b	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?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		ng the form?	11a	~						
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	~						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv			12b	~						
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done			12c	~						
13	Did the organization have a written whistleblower policy?			120	~						
14	Did the organization have a written document retention and destruction policy?			14	•	~					
15	Did the process for determining compensation of the following persons include a review a					-					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation										
а	The organization's CEO, Executive Director, or top management official			15a		~					
b	Other officers or key employees of the organization			15b		~					
	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 sim with a taxable entity during the year?			16a		~					
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio										
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to sa 	feguard the	16b							
Secti	on C. Disclosure										
17											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable			Gec	tion 5	501(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		-								
40	✓ Own website ✓ Another's website ✓ Upon request			£ 1/- 4		-l'-					
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	umen	is, conflict o	rinter	est p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization	on's F	ooks and re	corde							
-*	Cheryl Kern, (317)966-7465				-						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours per week	office				or/trust	ee)	compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Inst	Officer	Key	High	Former	organization	organizations	from the
	hours for related	vidu lirec	lt	Cer	em	nest ploye	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	tor tr	Institutional trustee		Key employee	e on				
	below dotted line)	uste	trus		ee	Ipen				
		Ċ.	tee			Highest compensated employee				
Scott Fleshood	3.00									
Director at Large	0.00	~						0	0	0
Gloria Bray	3.00									
Director at Large	0.00	~						0	0	0
Matt Spurlock	2.00									
Director at Large	0.00	~						0	0	0
Ben Jones	2.00									
Director at Large	0.00	~						0	0	0
Tracy Brunner	3.00									
Director - Community	0.00	~						0	0	0
Dan Denniston	2.00									
Director - Community	0.00	~						0	0	0
Jerry Zink	1.00									
Director - Community	0.00	~						0	0	0
Lynne Robinson	1.00									
Director - Community	0.00	~						0	0	0
Aaron B Bailey	16.00	-								
President	0.00			~				0	0	0
Cathy Cutshall	8.00	-								
Vice President	0.00			~				0	0	0
Melissa DeVito	5.00	-								
Secretary	0.00			~				0	0	0
Cheryl Kern	5.00	-								
Treasurer	0.00			~				0	0	0
	+									
										- 000 (22.12)

Part	VII Section A. Officers, Directors, 1	Trustees,	Key	Emj	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	ontin	ued)
(A) Name and title			box,	unles	Pos neck ss pe	erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Report compen	table sation	Estimat of	other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations	fro	ensatic om the zation a rganiza	Ind
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
	Subtotal		-											
1b c d	Total from continuation sheets to Part			•	•		· ·		0		0			0
2	Total number of individuals (including but						 above	e) w	-	e than \$1	-	of		
	reportable compensation from the organ							.,	0					
3	Did the organization list any former of employee on line 1a? If "Yes," complete								loyee, or highes	-	ensated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual													~
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or ind				~
Secti	on B. Independent Contractors	, -	- 1-						,				I	-
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	lress							(B) Description of serv	vices	((C) Compensa	ation	
None														

2	Total number	of independent	contractors	(including	but n	not limited	to those	listed	above)	who
	received more	e than \$100,000 c	f compensati	on from the	organ	nization 🕨		0		

	90 (201	1								Page 9
Part	VIII	Statement of Rev								_
		Check if Schedule	Осо	ntains a re	spor	ise or note to an	y line in this Pa (A) Total revenue	(B) (B) Related or exempt	(C) Unrelated	(D)
								function revenue	business revenue	from tax under sections 512-514
s s	1a	Federated campaig	ns		1a	0				
anta		Membership dues			1b	535				
มือน	c	Fundraising events			1c	2,438				
fts, r Ar	d	Related organizatio			1d	0				
ia ila	е	Government grants			1e	11,684				
Sin	f	All other contribution	ns, git	fts, grants,						
utic		and similar amounts ne	ot inclu	uded above	1f	5,681				
0th Oth	g	Noncash contributio								
n di		lines 1a-1f			1g					
<u>9</u> 0	h	Total. Add lines 1a-	-1† .		•		20,338			
ø	00					Business Code	2/ 252	24.252		
vic		Theatrical Production		Indraicar		711110 711110	36,253 8,581	36,253 8,581	0	0
Ser		Playbill Advertising				711110	1,585	1,585	0	0
E S		Season Subscribers				71110	2,730	2,730	0	0
Bra	e									
Pro	f	All other program se	ervice	revenue			17,492	17,492	0	0
	g	Total. Add lines 2a-				🕨	66,641			
	3	Investment income	e (incl	uding divi	dend	s, interest, and				
		other similar amour								
	4	Income from investr			•					
	3 4 5 6a (b c d 7a (Royalties	· ·							
	•	0		(i) Rea		(ii) Personal				
			-							
		Rental income or (loss)			0	0				
		Net rental income o		s)						
		Gross amount from		(i) Securit		(ii) Other				
	1a									
		other than inventory	7a							
e	b	Less: cost or other basis								
_		and sales expenses .	7b							
Jev	С	Gain or (loss)	7c		0	0				
erF	d	Net gain or (loss)				🕨				
Ť	8a	Gross income fro		0						
Ŭ		events (not including of contributions re		2,438						
		1c). See Part IV, line			8a					
	h	Less: direct expens			8b					
		Net income or (loss				ents ►				
	9a	Gross income			<u> </u>					
		activities. See Part			9a					
		Less: direct expens			9b					
	С	Net income or (loss) from	n gaming ad	ctiviti	es 🕨				
	10a	Gross sales of in		ory, less						
	-	returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss) iron	i sales of In	vento	Dry ►				
Sno	110									
nee	-									
ella :vei	Check if S stury 1a Federated b Membersh C c Fundraisin A d Related on e g Noncash of lines 1a–1 h Total. Add g Noncash of h Theatrical c Playbill Ad d Season So e f f All other p g Total. Add Season So e f All other p g Total. Add 3 Investmer other simi 1 4 Income from 5 Royalties 6a Gross rem b Less: cost or and sales explict Gain or (loc d Net rental c Rental incord b Less: cost or and sales explict Gain or (loc d Net rental 7a Gross sa c Net incom <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
Re		All other revenue	ule O cor paigns . es nts ations . ints (contr utions, gift ts not inclu- putions inclu- putions inclu- putions inclu- putions inclu- putions inclu- putions inclu- ctions - Fur ing pers m service 2a–2f . orne (inclu- ounts) . estment o 6a 6b 6c ne or (loss orne (loss orne (loss orne (loss orne (loss orne (loss orne (loss orne (loss orne (loss orne fur ting \$ from fur ting \$ oss) from art IV, line enses . oss) from f invento waces ods sold oss) from							
Σ	е	Total. Add lines 11a	a–11c	<u>.</u>		►	0			
	12	Total revenue. See					86,979	66,641	0	0
										Form 990 (2019)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	of the transfer of the transfe	(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 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,000	1,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
с	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	2,066	1,811	0	255
13	Office expenses	4,463	4,463	0	0
14	Information technology	1,435	1,435	0	0
15	Royalties	9,744	9,744	0	0
16		24,324	11,992	12,332	0
17		0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	0	0	0	0 0
20		0	0	0	0
20	Payments to affiliates	0	0	0	0
21	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	5,285	5,285	0	0
		5,205	5,205	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Telephone	1,939	1,939	0	0
b	Show Expenses	16,458	14,233	0	2,225
с	Postage	2,050	2,002	30	18
d	General Theater Expense - not show specific	12,193	12,193	0	0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	80,957	66,097	12,362	2,498
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)				

Form 990 (2019)

	n 990 (2)				Page II
Ρ	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ V		
		Check if Schedule O contains a response of hote to any line in this Par	(A) Beginning of year		•••••• <u>(</u> B) End of year
	1	Cash-non-interest-bearing	40,117	1	43,190
	2	Savings and temporary cash investments	10,348	2	10,427
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
ŝ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other		-	
	loa	basis. Complete Part VI of Schedule D 10a 700,000			
	b	Less: accumulated depreciation 10b 0	700,000	10c	700,000
	11	Investments – publicly traded securities	73,779	11	76,649
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	824,244	16	830,266
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19		0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		05	
			0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
inces		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
Б	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ✓ and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds	124,244	29	130,266
šēt	30	Paid-in or capital surplus, or land, building, or equipment fund	700,000	30	700,000
A SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
et ,	32	Total net assets or fund balances	824,244	32	830,266
Z	33	Total liabilities and net assets/fund balances	824,244	33	830,266 Form 990 (2019)

Form **990** (2019)

Page 1			Form 99
. Г			Part
86,97		1	1
80,95		2	2
6,02		3	3
324,24		4	4
24,24		5	5
		6	6
		7	7
		8	8
		9	9
			10
30,26		10	
			Part
. [
	Y		
			1
		explain in	
~	2a		2a
		npiled or	
~	2b		b
		ted on a	
		ersight of	С
	2c	ant?.	
		xplain on	
~	3a	rth in the 	3a
+*	Ja		h
	3b	dergo the audits .	D
	Form 9		

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.

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

OMB No. 1545-0047

Open to Fub
Inspection

Name of the organization BUCK CREEK PLAYERS INC

Employer identification number 23-7378198

Part I	Beason for Public Charity Status (All organizations must complete this pa	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** 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 must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the c	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Total. 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	Public support. Subtract line 5 from line 4						
	on B. Total Support		•		1		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatior	n's first, secon	nd, third, fourth	n, or fifth tax y	12 ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2019 (line 6	3, column (f) di	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	33 ¹ / ₃ % support test — 2019. If the organization qua	lifies as a publ	licly supported	organization			🕨 🗆
b	33 ¹ /3% support test—2018. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, cleat. The organ	heck this box ization qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	ntion meets the fac	he "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly ►
18	Private foundation. If the organization di instructions						

Schedule A (Form 990 or 990-EZ) 2019

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.)

Secti	on A. Public Support			, p.e		,	
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	16,717	17,749	25,606	32,727	20,338	113,137
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	70,638	76,817	69,834	81,093	66,641	365,023
3	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		U				
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	87,355	94,566	95,440	113,820	86,979	478,160
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3		0				0
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
Sacti	line 6.)						478,160
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	87,355	94,566	95,440	113,820	86,979	478,160
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	0	0	0	0	0	<u> </u>
11	Net income from unrelated business	0	U	0	0	0	0
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	07.055	04.577	05.440	140.000	0/ 070	470.440
14	First five years. If the Form 990 is for th	87,355 e organization	94,566 I's first secon	95,440 d third fourth	0r fifth tax ve	86,979 Par as a section	478,160 n.501(c)(3)
• *	organization, check this box and stop he	0		· · · · · ·			()()
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8						100 %
<u>16</u>	Public support percentage from 2018 Sch	nedule A, Part I	III, line 15	<u></u>		16	100 %
	on D. Computation of Investment Inc			w line 10!	mn (f))	47	
17 18	Investment income percentage for 2019 (Investment income percentage from 2018			•	())	17 18	0 %
18 19a	33 ¹ / ₃ % support tests – 2019. If the organ						
190	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2018. If the organiz	-	-	-		-	
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a l	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌
					Sch	edule A (Form 990) or 990-EZ) 2019

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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	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		
Secti	on 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,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

Section 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section 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 year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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.

2a

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

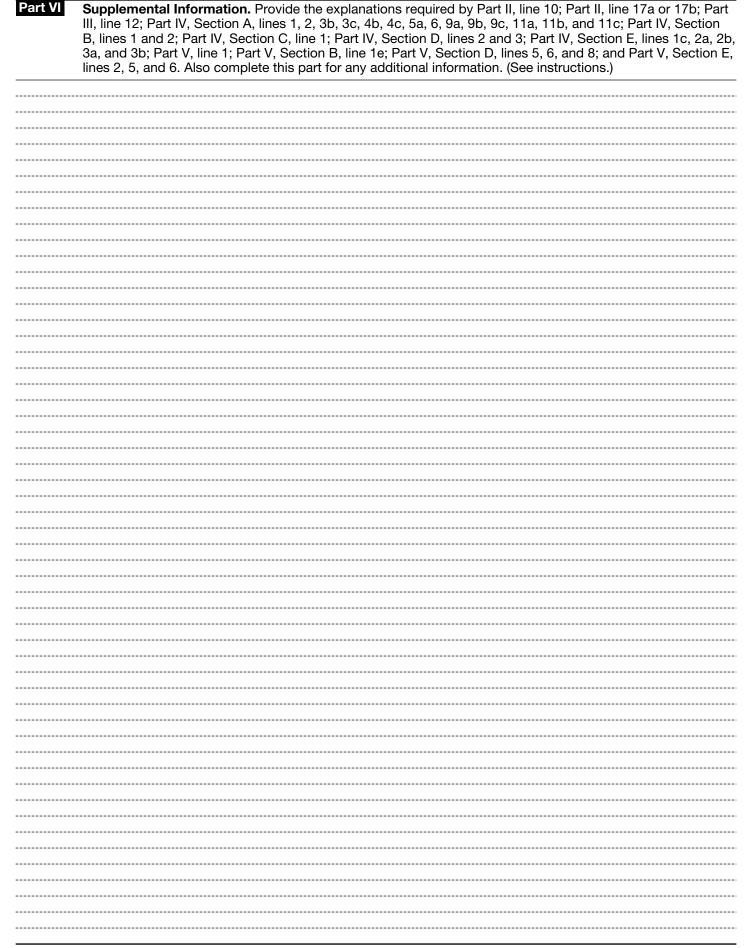
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Section			zations (continued)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	<u>~</u>		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
-	From 2017			
	From 2018			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2019

Internal	Revenue Service	► Go to www.irs.gov/Form9	90 for instructions and the latest information of the second second second second second second second second s	ation.	Inspection	
Name o	of the organization	•		Employer i	dentification number	
BUCK	CREEK PLAYE	RS INC			23-7378198	
Par	t I Organ	izations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Acc	ounts.	
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.			
	· · ·	-	(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number	at end of year				
2		ue of contributions to (during year) .				
3	Aggregate val	ue of grants from (during year)				
4	Aggregate val	ue at end of year				
5			advisors in writing that the assets he			
~			organization's exclusive legal control			No
6			nd donor advisors in writing that grant t of the donor or donor advisor, or for			
						No
Dar		ervation Easements.				
Га		ete if the organization answered "	Ves" on Form 990 Part IV line 7			
1		conservation easements held by the o				
1	• • • •	of land for public use (for example, recrea	o (11 <i>5)</i>	f a historic	ally important land area	
		of natural habitat	·		d historic structure	
		on of open space				
2			d a qualified conservation contribution	n in the for	m of a conservation	
2		the last day of the tax year.			Held at the End of the Tax	Year
а		·		. 2a		
b						
c	•	-	storic structure included in (a)			
d			c) acquired after 7/25/06, and not o			
			· · · · · · · · · · · · · · · · ·			
3		nservation easements modified, trans	ferred, released, extinguished, or term	ninated by	the organization during	, the
	tax year ►	······				
4		ites where property subject to conserv				
5	violations, and	enforcement of the conservation eas	arding the periodic monitoring, insp ements it holds?		🗌 Yes 🗌	No
6	Staff and volum	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservati	ion easements during the	year
7	Amount of exp ► \$	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	conservatio	on easements during the	year
8	Does each cor	nservation easement reported on line 2	(d) above satisfy the requirements of s	section 170	D(h)(4)(B)(i)	
	and section 17				🗌 Yes 🗌	No
9	In Part XIII, de	scribe how the organization reports co	onservation easements in its revenue a	and expension	se statement and	
			the footnote to the organization's fina	ncial state	ments that describes th	ıe
		accounting for conservation easemer				
Part			of Art, Historical Treasures, or (Other Sin	nilar Assets.	
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 8.			
1a			B ASC 958, not to report in its revenu			
			held for public exhibition, education, o its financial statements that describe			Jolic
h			B ASC 958, to report in its revenue s			vo of
b			for public exhibition, education, or res			
		llowing amounts relating to these item				, 100,
					► \$	
					► \$ ► \$	
0			historical treasures, or other similar		financial gain provide	
2	following amo	unts required to be reported under FA	SB ASC 958 relating to these items:			u ie
а					► \$	
b	Assets include	ed in Form 990, Part X			► \$	

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

Schedu	e D (Form 990) 2019								Page 2
Part	III Organizations Maintaining	Collections of	of Art, His	torical T	reasures,	or Ot	her Similar A	Assets (cor	ntinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	Public exhibition		Ь	loan	or exchange	e progr	am		
b	Scholarly research								
c	 Preservation for future generations 	3	Ū						
4	Provide a description of the organiza XIII.		s and expl	ain how tl	hey further	the org	anization's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rathe								i 🗌 No
Part	IV Escrow and Custodial Arra				9				
	Complete if the organization 990, Part X, line 21.	•	es" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								5
b	If "Yes," explain the arrangement in F								
5				nowing a	2010.			Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in F								
Par				- prairiatio		0.01.00			
- ai	Complete if the organization	answered "Ye	es" on For	m 990 F	Part IV line	10			
		(a) Current year		or year	(c) Two years		(d) Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance			or year		5 Duck			
b	Contributions								
C	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year	end baland	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowme	nt 🕨	%						
b	Permanent endowment	%							
с	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal	100%.						
3a	Are there endowment funds not in th	e possession of	the organi	zation tha	at are held a	and ad	ministered for	the	
	organization by:		0						res No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	organizations list	ed as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended use	•	•					L	
Part	VI Land, Buildings, and Equi	oment.							
	Complete if the organization		es" on For	m 990, F	Part IV, line	e 11a. S	See Form 990), Part X, li	ne 10.
	Description of property	(a) Cost or	r other basis stment)	(b) Cost c	or other basis ther)	(c) /	Accumulated epreciation	(d) Book	
1a	Land		0		50,000				50,000
b	Buildings		0		550,000		0		550,000
c	Leasehold improvements		0		0		0		000,000
d	Equipment		0		100,000		0		100,000
e	Other		0		0		0		00,000
	Add lines 1a through 1e. (Column (d) r			X. column	-	c.)	· · · ·		700,000
				,	(-),	· · · ·			,,

Schedule D (Form 990) 2019

Schedule D (Fo	Investments – Other Securities.		Page
	Complete if the organization answered "Yes" on Form 990, Part		Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	I derivatives		
	neld equity interests		
(3) Other			
(A)		-	
(C)		-	
(D)		-	
(E)		-	
(F) (G)		-	
(H)		-	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ►	-	
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11d. See F	Form 990, Part X, line 15,
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Calu	rea (b) much actual Form 000 Port V and (D) line 15)		
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►
Part A	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e or 11f	See Form 990 Part X
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal ir			(2) 2001 1440
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	le D (Form 990) 2019			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	\ldots	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)			
с 5	Add lines 4a and 4b		40	
Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	<i>Te To.)</i>	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ad 4: Part IV lines 1b and 2k	Part V line 4:	Dart V lina
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			r art A, inte
_,				

SCHE	DUL	E ()	
(Form	990	or	990-	ΕZ

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.

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



Name of the organization	Employer identification number
BUCK CREEK PLAYERS INC	23-7378198
Form 990, Part III, Line 3 - The organization has had to adapt its operations due to the COVID-19 pandemic	including creating outdoor and
online performances in-lieu of traditional performances in the auditorium. Some programming has been de	elayed until it is safe to host
performances at our typical capacity indoors. Online and outdoor performances have been substituted in	the place of our normal indoor
performances.	
Form 990, Part VI, Section A, Line 6 - As a non-profit organization, we have members as outlined in our by	laws. They include Individual
Voting Member, Household Voting Member, and Associate Member. Members elect the Board of Directors	and approve major decisions
related to the direction of the organization.	
Form 990, Part VI, Section A, Line 7a - As a non-profit organization, we have members as outlined in our b	
Voting Member, Household Voting Member, and Associate Member. Members elect the Board of Directors	
related to the direction of the organization. If a vacancy occurs on the Board of Directors, the board fills th	e vacancy until the next set of
annual elections.	
Form 990, Part VI, Section A, Line 7b - As a non-profit organization, we have members as outlined in our b	
Voting Member, Household Voting Member, and Associate Member. Members elect the Board of Directors	
related to the direction of the organization. This includes approving our proposed productions for the year	r, financial information, and the
overall direction of the organization.	
Form 990, Part VI, Section B, Line 11b - The 990 is provided to the Board of Directors for review prior to su	ubmittal Additionally, the 900 is
posted to the organization's website and available to members and the general public.	ionintial. Additionally, the 990 is
posted to the organization's website and available to members and the general public.	
Form 990, Part VI, Section B, Line 12c - The Board of Directors sign a conflict of interest statement annual	ly If any outside contractors or
services are hired, the contractor is reviewed for conflicts and any if any exist, the director in question, is	
process for that contract or hiring action.	
Form 990, Part VI, Section C, Line 19 - All documents are made available on our website or on request.	

Cat. No. 51056K

Schedule O, Statement 1

Form: Form 990 (2019)

Page: 1

Activity Or Mission Description

BUCK CREEK PLAYERS INC

EIN: 23-7378198

Part I, Line 1

Description

involves, engages, reflects, & nourishes the community; Maintaining a strong & diverse volunteer base; Ensuring equitable opportunities for all, regardless of race, ethnicity, gender, sexual orientation, disability, socio-economic status, or age, ; Creating an atmosphere of caring, support, inclusion, & professionalism; Balancing artistic vision & expression with financial stability; and Maintaining an intimate setting.

Schedule O, Statement 2

Form: Form 990 (2019)

Page: 2

Mission Description

BUCK CREEK PLAYERS INC

EIN: 23-7378198

Part III, Line 1

Description

socio-economic status, or age, ; Creating an atmosphere of caring, support, inclusion, & professionalism; Balancing artistic vision & expression with financial stability; and Maintaining an intimate setting.