DLN: 93493337006300

OMB No. 1545-0047

2019

Form **990**

Department of the

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

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

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

Open to Public Inspection

		nue Service							
			alendar year, or tax year beginning 08-01-2019 , and ending 07-31-2020 C Name of organization						
3 Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending			THE DORSET PLAYERS INC			D Emplo	D Employer identification number		
		-				51-01	66758		
		-	Doing business as						
		n/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Toloph	one numbei	r	
							·		
		on pending				(802)	(802) 867-5570		
			F. Name and address of material officers				G Gross receipts \$ 204,461		
			F Name and address of principal officer:			H(a) Is this a group return for			
			PO BOX 521		ши	subordinates? Are all subordin	ates	□Yes ☑No	
Tax-exempt status:		nnt status			included?				
L lax	(-exen	ript status.	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		I	If "No," attach a	•	•	
J W	ebsit	e:► N/A	1		H(c)	Group exemption	n number	•	
					I Voor	of formation:	M State	of legal domicile:	
∢ Forn	n of or	ganization:	Corporation Trust A	ssociation LJ Other >	L rear o	or formation.	IN State	or legal doffliche.	
Pa	ırt I	Sum	mary						
			scribe the organization's mission	n or most significant activities:					
	T	THE DORSET PLAYERS PRESENTS PLAYS TO AFFORD YOUNG ACTORS TECHNICAL AND EDUCATIONAL TRAINING OPPORTUNITIES AND							
ည	PROVIDE THE COMMUNITY WITH EXPOSURE TO LOCAL THEATRE								
Ē	_								
ē,									
Activities & Governance		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.						ı	
		3 Number of voting members of the governing body (Part VI, line 1a)						9	
		Number of independent voting members of the governing body (Part VI, line 1b)						S	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)					5	1	
	6	Total nun	otal number of volunteers (estimate if necessary)				6	75	
		Total unrelated business revenue from Part VIII, column (C), line 12					7a	C	
	b	Net unrel	related business taxable income from Form 990-T, line 39				7b		
Ravenue						Prior Year		Current Year	
	8	Contribut	ntributions and grants (Part VIII, line 1h)			54	1,241	100,116	
	9	Program	service revenue (Part VIII, line 2g)			122	2,688	100,97	
Ϋ́ς	10	O Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					80		
_	11					13	3,801	3,300	
	12	Total reve	enue—add lines 8 through 11 (1	must equal Part VIII, column (A), line 12	2)	190	0,810	204,46	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)						(
	14	Benefits p	paid to or for members (Part IX,				(
æ	15	Salaries,	other compensation, employee	0)	16	5,956	17,54		
Expenses	16 a	Professio	ssional fundraising fees (Part IX, column (A), line 11e)					(
	b	Total fundr	draising expenses (Part IX, column (D), line 25) ▶5,586						
	17	Other exp	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				5,332	107,668	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				143	3,288	125,216	
	19	Revenue less expenses. Subtract line 18 from line 12				47	7,522	79,24	
Net Assets or Fund Balances					Beg	inning of Current	Year	End of Year	
Ba		Total assets (Part X, line 16)					5,098	295,817	
<u> </u>			otal liabilities (Part X, line 26)				2,053 1,045	2,52	
			let assets or fund balances. Subtract line 21 from line 20					293,290	
	rt II		ature Block	amined this return, including accompany	vina schodul	las and statemer	ts and to	the best of my	
				ete. Declaration of preparer (other than					
any k	nowle	edge.	·						
		*****	**						
Sign		B	*** 2020-12-02 ature of officer Date						
Here		L KIM DI	NA Traceuras						
			NA Treasurer r print name and title						
		/	rint/Type preparer's name	Preparer's signature	Date	Т —	PTIN		
Paid Preparer Use Only		[. M. 1 Sec			Check L if	P0029444	.9	
		չ բ ϝ	Firm's name FSPIVEY LEMONIK SWENOR PC			self-employed Firm's EIN ▶ 06-1052184			
		;; 							
JSC	UII	עי [irm's address ► PO BOX 1349			Phone no. (802	.) 362-1946	•	
			MANCHESTER CENT	ER, VT 05255					
Mav t	he IR	S discuss	this return with the preparer sl	hown above? (see instructions)			. 🔽	Yes 🗌 No	