50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calenda	ar year, or tax year beginning July 1 , 2013, and endin	a	June 30	, 20 14
	Check if ap		C Name of organization			entification number
	Address c	change	The Providence Players of Fairfax, Inc.			I-0591741
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	E Tel	ephone nu	
	Initial retu		P.O. Box 2393		70	3-425-6782
\equiv	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exer	
		on pending	Fairfax, VA 22031		ımber ▶	
		ting Method:	✓ Cash Accrual Other (specify) ►			the organization is not
	Nebsite	•	providenceplayers.org			ich Schedule B
JI	ax-exen		ck only one) — ✓ 501(c)(3)	100.00		-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	(, 0,,,,	000,000	22, 0, 000 11).
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total asse	ts	
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> •	102,209
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t		ıctions	for Part I)
			the organization used Schedule O to respond to any question in this Pa			
	1		ns, gifts, grants, and similar amounts received		1	21,788
	2		ervice revenue including government fees and contracts		2	78,810
	3		p dues and assessments		3	990
	4	Investment			4	621
	5a	Gross amo	unt from sale of assets other than inventory 5a		753	021
	b		or other basis and sales expenses			
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6		d fundraising events			
	а		ome from gaming (attach Schedule G if greater than			
ne						
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	ions		
3è			aising events reported on line 1) (attach Schedule G if the			
_			h gross income and contributions exceeds \$15,000) 6b			
	С	Less: direc	t expenses from gaming and fundraising events 6c		1,51	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		
		line 6c) .			6d	
	7a	Gross sales	s of inventory, less returns and allowances		134 X0 12 X	
	b		of goods sold			
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other rever	nue (describe in Schedule O)		8	
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	102,209
	10	Grants and	similar amounts paid (list in Schedule O)		10	4,500
	11	Benefits pa	iid to or for members		11	
es	12	Salaries, of	her compensation, and employee benefits		12	
Expense	13		al fees and other payments to independent contractors		13	
g	14	Occupancy	y, rent, utilities, and maintenance		14	11,402
ш	15	Printing, pu	ublications, postage, and shipping		15	10,710
	16	Other expe	nses (describe in Schedule O)		16	74,545
	17	Total expe	nses. Add lines 10 through 16	▶	17	101,157
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,052
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must ac	ree with		·
As			r figure reported on prior year's return)		19	100,498
let	20		ges in net assets or fund balances (explain in Schedule O)		20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	>	21	101,550

Pa	Balance Sheets (see the ins						
	Check if the organization use	d Schedule	O to respond to a	ny question in this	Part II		
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .				100,498	22	101,550
23	Land and buildings				,,,,,,	23	101,000
24	Other assets (describe in Schedule (O)				24	
25	Total assets				100,498		101,550
26	Total liabilities (describe in Schedul				100,100	26	101,330
27	Net assets or fund balances (line 2	7 of column	(B) must agree wit	h line 21)	100,498		101,550
Par	Statement of Program Serv	ice Accomp	olishments (see th	ne instructions for	Part III)		101,550
	Check if the organization use					/5	Expenses
Wha	t is the organization's primary exempt p		community theater p				quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service						anizations and section
as m	neasured by expenses. In a clear and other relevant inform	concise ma	anner, describe th	e services provide	ed, the number of		7(a)(1) trusts; optional others.)
28	The Providence Players presented four I	live, public th	eater productions d	uring the year. Eacl	1		
	production was performed several times						
	(Grants \$) If	this amount	includes foreign gra	ants, check here	• 🗇	288	66,865
29	Scholarships were provided to three stu						00,003
		401101					
	(Grants \$ 4.500) If	this amount	includes foreign gra	ants, check here	▶ □	298	4,500
30							4,500
	(Grants \$) If	this amount	includes foreign gra	ants, check here	• 🗖	302	
31	Other program services (describe in S					1000	•
			includes foreign gra			312	
32	Total program service expenses (ad	d lines 28a t	hrough 31a)			32	
Par		ees, and Kev	Employees (list eac	h one even if not cor	nnensated—see the i		
	Check if the organization use						
			(b) Average	(c) Reportable	(d) Health benefits,	Ť.	
	(a) Name and title		hours per week devoted to position	compensation (Forms W-2/1099-MIS (if not paid, enter -0-			Estimated amount of other compensation
Jane	t Bartelmay						
Presi			5		0	0	0
Jayn	e L. Victor						
	President		4		0	0	0
David	d P. Whitehead					_	
	surer and Immediate Past President		4		0	0	0
	s Gertzog					Ť	
Secre	etary		4		0	0	0
John	Coscia					1	
Direc			2		0	0	0
Mike	Daze					_	
Direc			2		0	0	0
	ael Donahue					_	
Direc			2		0	0	0
	les Gertzog				0	-	0
Direc			2		0	0	0
	Mattheisen					_	0
Direc			2		0	0	0
	erine Smith		_			U	0
Direc			2			0	•
2000 10	tina H. Thronson				0	0	0
Direc			2				•
Mary Ora	2370RO 641 M		_		0	0	0
Direc	ne Welsh						

	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		av avastian in this	Dovt II		
	Shook if the organization used Scheduli	e o to respond to a	ny question in this	(A) Beginning of year		(D) 5-1-(
22	Cash, savings, and investments			(A) beginning of year		(B) End of year
23	Land and buildings				22	
24	Other assets (describe in Schedule O)				23	
25	Total assets				24	
26	Total liabilities (describe in Schedule O)				25	
27	Net assets or fund balances (line 27 of column				26	
Par	till Statement of Program Service Accom	n (B) must agree wit	n line 21)	David IIII)	27	
T GI						Expenses
What	Check if the organization used Schedule tis the organization's primary exempt purpose?	e O to respond to a	ny question in this	Part III		uired for section
						c)(3) and 501(c)(4) nizations and section
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the	f its three largest e services provide	orogram services, d, the number of	4947	(a)(1) trusts; optional thers.)
28						
	(Grants \$) If this amoun	t includes foreign gra	ents check here	▶ □	28a	
29					20a	
	(Grants \$) If this amoun	t includes foreign gra	ents check here	▶ □	29a	
30					234	
	(Grants \$) If this amoun	t includes foreign gra	ents, check here	▶ □	30a	
31	Other program services (describe in Schedule O)				oou	
		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)			32	
Par						1' (D + 1) A
	List of Officers, Directors, Trustees, and Re	y Employees (list each	n one even it not con	npensated—see the ir	nstruc	tions for Part IV)
		e O to respond to a	n one even it not con ny question in this	npensated—see the ir Part IV		and the same of th
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV (d) Health benefits,	Τ.	🗀
		(b) Average hours per week devoted to position	ny question in this	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	🗀
	Check if the organization used Schedule	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
	Check if the organization used Schedule	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
	Check if the organization used Schedule (a) Name and title The Providence Players of Fairfax, Inc.	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
	Check if the organization used Schedule (a) Name and title The Providence Players of Fairfax, Inc.	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
****F(Check if the organization used Schedule (a) Name and title The Providence Players of Fairfax, Inc.	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
****F(Check if the organization used Schedule (a) Name and title The Providence Players of Fairfax, Inc. DRM 990-EZ, PAGE 2, CONTINUATION PAGE****	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	 ee (e)	Estimated amount of
****F(Check if the organization used Schedule (a) Name and title The Providence Players of Fairfax, Inc. DRM 990-EZ, PAGE 2, CONTINUATION PAGE****	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th		age C
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			Ė
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		ļ
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	0.5		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		-
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a)	LIP C	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	H.Z		
b	teme in the contract of the co	38a		-
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	T dini		
а	Initiation fees and capital contributions included on line 9		Hills:	
b	Gross receipts, included on line 9, for public use of club facilities		- 41ET	4,50
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	el# i		r er Hilboniu
	section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o	4		-21
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	THE PARKS	_
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			HH-HH-
	4955, and 4958		71	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	en.	lai.	T TOTAL
	reimbursed by the organization			i Hilina
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Takin		
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Virginia			
42a		703-42		2
b	Located at ► P.O. Box 2393, Fairfax, VA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	220	Ves	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country: ▶	720	arab ellas	Y
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		en a	de n
	and Financial Accounts.		41.470	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		·	
44~	Did the organization maintain any dense address founds students.	ners	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		 ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		/

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of or	in opposit	tion		
	to candidates for public office? If "Yes," of	complete Schedule C,	Part I			. 46	NAME OF THE OWNER, OF THE OWNER,	1
Part								
	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables f	for line	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				
							Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) election	on in effect	during the	tax	103	140
	year? If "Yes," complete Schedule C, Par					. 47		1
48	Is the organization a school as described in						-	V
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organi	zation?			-	V
b	If "Yes," was the related organization a se	ection 527 organization	ntable related organi	zation?		. 49a	_	V
50	Complete this table for the organization's	five highest compan	sated employees (at	hor than offic	ore direct	. 49b		ما ادما
	employees) who each received more than	\$100,000 of compen	sation from the orga	nization If the	oro is non	ors, truste	des an	а кеу
	and the trial	TOTAL CONTRACT OF THE PARTY OF				e, enter i	vone.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	(d) Health contributions		(e) Estimate	ed amou	unt of
	(a) Hame and the of each employee	devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other con		
				comper	isation			
None								
f	Total number of other employees paid ov	er \$100,000	. None					
51	Complete this table for the organization	s five highest compe	ensated independent	contractors	who each	received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."	oonin dotoro	WIIO CUOI	received	more	uiai
	(a) Name and husiness address of each indexes	Ikk	43.7					
	(a) Name and business address of each independ	ient contractor	(b) Type of sen	vice	(c)	Compensati	ion	
None								
	Total number of other independent and							
	Total number of other independent contra		0 6			one		
52	Did the organization complete Schedule A	A? Note. All section 5	01(c)(3) organizations	and 4947(a	(1)			
	nonexempt charitable trusts must attach					✓ Yes		No
Under p	enalties of perjury, I declare that have examined this r	eturn, including accompany	ring schedules and statement	ents, and to the	best of my kn	owledge and	d belief, i	it is
True, cor	rect, and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer l	nas any knowled	ige.			
Cim	Jan 1				1-7-1	4		
Sign	Signature of officer	1 1 1 1	_	Date				
Here	David P.	Whitehead	Treasu	rel				
	Type or print name and title		,					
Paid	Print/Type preparer's name	Preparer's signature	Da Da		Check	if PTIN		
Prep	Bernard M. Gordon	1 Deiner W	Jordan 11	-3-2014	self-employ		400700	17
		100000 11	1 10000	- W- I	Sell-elliblo	ea bu.	138/44	1 4
USA	arci	CPA, PLC	1,00001			/ea P0	138733	
Use (arci		7,40001	Firm	's EIN ►	703-472-		

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer k	dentificatio	n number	_
	Providence Players	of Fairfax, Inc.							01-0	591741	
Pa	Reason 1	or Public Cha	rity Status (All orga	ınization	s must o	complet	e this pa	rt.) See i	instructi	ons.	
1 2 3 4	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical res	ivention of churc cribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churche ch Sched ation des	s describ Iule E.) cribed in	ed in sec section	etion 170	(b)(1)(A)(i (A)(iii).)(iii). Enter the	
5	An organization		the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit described	in
6 7	☐ A federal, stat	te, or local gover on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of	escribed i its supp	n sectio i ort from	n 170(b)(' a governi	1)(A)(v). mental ur	nit or fror	m the general pub	olic
9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	an 33¹/₃9 ions—su lated bu	% of its s bject to siness ta	upport fr certain e xable in	xceptions	s, and (2) ss sectio) no mor	e than 331/3% of	its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sec	perform tion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). See secti	:he on
e	other than fou or section 509	his box, I certify undation manage 9(a)(2).	II c Type III that the organization ers and other than one a written determination	is not co e or more	ntrolled on publicly	directly o	r indirectl ed organ	ly by one izations o	or more described	d in section 509(a)	ns
g	organization,	check this box .	he organization accep							be in supporting [
Ū	following pers	ons?						-			
	(i) A person (iii) below,	who directly or i the governing bo	ndirectly controls, eithody of the supported of	her alone organizat	or toget	her with	persons	describe	d in (ii) a		<u>-</u>
h	(ii) A family m (iii) A 35% coi	ember of a persentrolled entity of	on described in (i) abo a person described in on about the supporte	ove? ı (i) or (ii) .	 above? .					11g(i) 11g(ii) 11g(iii)	_
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the orga col. (i)	ou notify nization in of your port?	organizat	Is the tion in col. ized in the S.?	(vii) Amount of monets	ary
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											_
(C)											
(D)											_
(E)	, <u>see</u> 80		SULVE								
T . 4 - 1											_

Part		ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	<u> </u>
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support		<u></u>				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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					- 100 m	
	governmental unit or publicly			Conversion de la constante de			
	supported organization) included on			and the state of t		eks as a second	
	line 1 that exceeds 2% of the amount					THE PARTY.	
_	shown on line 11, column (f)	A CONTRACTOR					
6 Cook	Public support. Subtract line 5 from line 4.						
	on B. Total Support dar year (or fiscal year beginning in)	(-) 0000	(1-) 0040	(-) 0044	4 13 0040	()0040	10
7	Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	Bulligamuraaning tri decallis da aa a					
11 12	Total support. Add lines 7 through 10						
13	Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	- 504(-)(0)
.0	organization, check this box and stop he					ear as a secuo	
Secti	on C. Computation of Public Support					· · · · ·	<u> </u>
14	Public support percentage for 2013 (line			1. column (fl)		14	%
15	Public support percentage from 2012 Sci					15	%
16a	331/3% support test-2013. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33 ¹ .	/3% or more, cl	heck this
	box and stop here. The organization qua						
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ		· ·				. ▶ □
17a	10%-facts-and-circumstances test—2	013. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	id stop here. E	xplain in
	Part IV how the organization meets the "forganization	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly su	upported
L	_	040 1611					
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar	uiz. If the orga	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	Explain in Part IV how the organization m	neets the "facts	: iauts-anu-ci s-and-circumsi	rances" test T	iesi, check th he organizatio	n qualifice se s	op nere. Loublick
	supported organization					. ,	. publicly _, ▶ □
18	Private foundation. If the organization di	d not check a	box on line 13.	16a, 16b, 17a	, or 17b. chec	k this box and	see
	instructions		'				. ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		AC HOLOG BOIL	W, please ce	impiete i dit i	1-)	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		` '	. ,			(-)
	received. (Do not include any "unusual grants.")	25,039	21,594	21,843	24.028	22,778	115 202
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,944	61,994	60,985	80,167	78,810	115,282 325,900
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	68,983	83,588	82,828	104,195	101,588	441,182
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					South State Built	
	line 6.)			TO SHEET WAR	Brent market		441,182
Secti	on B. Total Support						,
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	68,983	83,588	82,828	104,195	101,588	441,182
10a	Gross income from interest, dividends,	·	,	,	10.1,100	10.7000	111/102
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,726	1,295	1,445	1,065	621	6,152
b	Unrelated business taxable income (less	1,720	1,200	1,445	1,003	021	0,132
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,726	1,295	1,445	1,065	621	6,152
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,723	1,233	1,443	1,003	021	6,152
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	70,709	84,883	84,273	105,260	102,209	447,334
14	First five years. If the Form 990 is for the organization, check this box and stop her			, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2013 (line 8	, column (f) div	ided by line 13	3. column (fl)		15	98.63 %
16	Public support percentage from 2012 Sch	edule A. Part II	I, line 15 .			16	98.14 %
Secti	on D. Computation of Investment Inc	ome Percen	tage				30.14 /0
17	Investment income percentage for 2013 (li			line 13. colum	ın (f))	17	1.38 %
18	Investment income percentage from 2012	Schedule A. P	art III, line 17			18	1.86 %
19a	33¹/3% support tests—2013. If the organia 17 is not more than 33¹/3%, check this box a	zation did not o	check the box	on line 14, and	d line 15 is mo	ore than 331/3%	, and line
b	331/3% support tests—2012. If the organization 18 is not more than 331/3%, check this box as	ation did not ch	eck a box on li	ine 14 or line 19	a, and line 16	is more than 33	3 ¹ /3%, and
20	Private foundation. If the organization did						

Part IV	Supplemental	Page 4
	Part III line 12	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and . Also complete this part for any additional information. (See instructions).
	1 GIL III, III IC 12	Also complete this part for any additional information, (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number The Providence Players of Fairfax, Inc. 01-0591741 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Providence Players of Fairfax, Inc.

01-0591741

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Arts Council of Fairfax County, Inc. 10604 Judicial Drive Fairfax, VA 22030	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number
The Providence Players of Fairfax, Inc. 01-0591741

led.	ce is needed.	of Part II if additional space	licate copies	Noncash Property (see instructions). Use duplicate	Part II
(d) received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	a) No. from Part I
		\$			 - -
(d) e received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	n) No. From Part I
		\$			
(d) received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	a) No. from Part I
		\$			
(d) received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	a) No. from Part I
		\$			
(d) received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	i) No. from Part I
		\$			
(d) received	(d) Date recei	(c) FMV (or estimate) (see instructions)		(b) Description of noncash property given	from
		\$			
	Date i	(c) FMV (or estimate)		(b) Description of noncash property given	a) No. from Part I

Name of organization **Employer identification number** The Providence Players of Fairfax, Inc. 01-0591741 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number The Providence Players of Fairfax, Inc. 01-0591741 Form 990-EZ, Page 1, Line 10 (Grants and similar amounts paid) Student scholarships \$ 4,500 Form 990-EZ, Page 1, Line 16 (Other expenses) Production expenses \$ 32,403 Insurance 2,665 Dues and memberships 1,260 Concession stand expenses 938 Marketing 11,592 Stationary, supplies, and software 464 Charitable contributions 5,716 Credit card fees 3,495 Membership events 5,594 On-line ticketing 1,740 Fundraising - mail 165 Furniture and equipment 4,574 Miscellaneous 3,939 Total \$ 74,545