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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009						
В	heck if	Please	C Name of organization	D Employer identific	cation number	
a	pplicable	use IRS	use IRS			
Addres change		ss label or print or	THEATER WORKS, INC.			
]Name change	type	Doing Business As	86-0563315		
]Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		1 '	
Termination Amenination		Instruc-	8355 W PEORIA AVENUE	(623	<u>)815-1791</u>	
		1	City or town, state or country, and ZIP + 4	G Gross receipts \$	870,211.	
Applic tion pendir		PEURIA, AZ 85345-6506			H(a) Is this a group return	
		FNan	ne and address of principal officer THOMAS E. GYDER	for affiliates?	Yes X No	
			E AS C ABOVE	H(b) Are all affiliates inc		
			s: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)	
		e: ► N/		H(c) Group exemption number rof formation: 1986 M State of legal domicile: AZ		
K Type of organization: X Corporation						
4. Profit describe the experience or most configurat activities						
Jce		bliefly describe the organization's mission of most significant activities				
'nat	2 (Check this box if the organization discontinued its operations or disposed of more than 25% of its assets				
Activities & Governance			f voting members of the governing body (Part VI, line 1a)	3	19	
			f independent voting members of the governing body (Part VI, line 1b)	4	18	
			ber of employees (Part V, line 2a)	5	24	
			ber of volunteers (estimate if necessary)	6	175	
	7a 7	Total gross unrelated business revenue from Part VIII, line 12, column (C)			3,100.	
	b 1	b Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
Revenue				Prior Year	Current Year \	
	8 (Contributi	ons and grants (Part VIII, line 1h)	484,754.	349,929.	
		-	service revenue (Part VIII, line 2g)	369,286.	378,388.	
				6,933.	826.	
				121,845.	141,068.	
			nue - add lines 8 through 11 (must edua Parr VIII) column (A), line 12)	982,818.	870,211.	
			d similar amounts paid (Part IX, column (A), lines 1.3)			
Expenses			aid to or for members (Part IX column (A), line 4)	425,317.	400 110	
	l	Salaries, other compensation, employed benefits (Part IX, column (4), lines 5-10)		445,317.	498,110.	
	1081	a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (DC) (RESEN) UT 292, 201.				
	17 (Other eve	enses (Part IX, column (A), lines Tra-11d, 111249	639,674.	453,230.	
		•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,064,991.	951,340.	
			ess expenses. Subtract line 18 from line 12	<82,173.		
Net Assets or Fund Balances				Beginning of Year	End of Year	
	20 1	Total asse	ets (Part X, line 16)	247,321.	142,660.	
	21		ities (Part X, line 26)	149,373.	125,841.	
SE.	22 1	Net assets	s or fund balances. Subtract line 21 from line 20	97,948.	16,819.	
Part II Signature Block						
Under penalties of perjury, I decrare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, or and complete. Declaration of the best of my knowledge and belief, it is true, or						
	-	1/14/10				
Sign Here		\ <u>c.ma</u>	atus hi dishar		Date Date	
		Signature of officer Date				
THOMAS E. CHAIRMAN Type or print name and title						
			Date / . If	Check If Prepare	r's identifying number	
Paid		Preparer's signature		elf- imployed (see ins	tructions)	
Preparer's		Furn's name (or MITIED ATIEN & CO D C				
lise Only		Self-employed). S333 N. 7TH STREET, SUITE 100				
					502) <u>264-3888</u>	
May	the IR	S discuss this return with the preparer shown above? (see instructions)		Tradicio. P	X Yes No	