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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# 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)**

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

**2008**

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** Aug 1 **, 2008, and ending** Jul 31 **, 2009**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Theatre B

Number and street (or P O box, if mail is not delivered to street address): 716 Main Ave | Room/suite

City or town, state or country, and ZIP + 4: Fargo ND 58103

D Employer identification number: 20-0204648

E Telephone number: (701) 729-8880

F Group Exemption Number ►

***• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: [X] Cash [ ] Accrual Other (specify) ►

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

I **Website:** ► N/A

J Organization type (check only one) — [X] 501(c) ( 3 ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 39,959.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | |
|---|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 14,376. |
| | 2 | Program service revenue including government fees and contracts | | 2 | 19,409. |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 124. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► [ ] | | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) | 6a | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe ► See Other Revenue Statement) | | 8 | 6,050. |
| | 9 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► | | 9 | 39,959. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 10,981. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 11,300. |
| | 15 | Printing, publications, postage, and shipping | | 15 | 3,195. |
| | 16 | Other expenses (describe ► See Other Expenses Statement) | | 16 | 23,778. |
| | 17 | **Total expenses** (add lines 10 through 16) ► | | 17 | 49,254. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -9,295. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 33,327. |
| | 20 | Other changes in net assets or fund balances (attach explanation) See L-20 Stmt | | 20 | 1,249. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | | 21 | 25,281. |

## Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 31,083. | 22 | 23,266. |
| 23 | Land and buildings | 0. | 23 | 0. |
| 24 | Other assets (describe ► See L-24 Stmt | 2,244. | 24 | 2,015. |
| 25 | **Total assets** | 33,327. | 25 | 25,281. |
| 26 | **Total liabilities** (describe ► ) | 0. | 26 | 0. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 33,327. | 27 | 25,281. |

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Form **990-EZ** (2008)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? Theatrical Productions

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

| | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|---|---|
| 28 | Produced theatrical productions for public audiences<br>(Grants $ 7,500.) If this amount includes foreign grants, check here ▶ ☐ | 28a 36,433. |
| 29 | (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 29a |
| 30 | (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 30a |
| 31 | Other program services (attach schedule)<br>(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 31a |
| 32 | **Total program service expenses** (add lines 28a through 31a) ▶ | 32 36,433. |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated See the instrs )

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| Scott Horvik<br>1414 10th Street South<br>Fargo, ND 58103 | Secretary<br>10.00 | 0. | 0. | |
| Carolyn Wintersteen<br>521 South 9th Street<br>Moorhead, MN 56560 | Treasurer/Op. Mgr<br>25.00 | 8,681. | 0. | |
| Lori Horvik<br>1414 10th Street South<br>Fargo, ND 58103 | Vice President<br>10.00 | 0. | 0. | |
| David T. Wintersteen<br>521 9th ST S<br>Moorhead MN 56560 | President<br>25.00 | 0. | 0. | |
| Gail Benson<br>2810 Edgewood Dr.<br>Fargo ND 58102 | Board Member<br>5.00 | 0. | 0. | |
| Pam Strait<br>2221 33rd Ave S<br>Moorhead MN 56560 | Board Member<br>5.00 | 0. | 0. | |
| Henry Tkachuk<br>203 8th Ave S<br>Moorhead MN 56560 | Board Member<br>5.00 | 0. | 0. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V** **Other Information** (Note the statement requirement in General Instruction V.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If 'Yes,' has it filed a tax return on **Form 990-T** for this year? | 35b | | X |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 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 unpaid at the start of the period covered by this return? | 38a | | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____ | | | |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ► _____ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40e | | X |

41 List the states with which a copy of this return is filed ► North Dakota
Minnesota

42a The books are in care of ► Carolyn Wintersteen Telephone no. ► (701) 729-8880
Located at ► 521 South 9th Street Moorhead MN ZIP + 4 ► 56560

| | | | Yes | No |
|---|---|---|---|---|
| b | 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)? If 'Yes,' enter the name of the foreign country ► _____ | 42b | | X |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► _____ | 42c | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | X |

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | | Yes | No |
|---|---|---|---|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 46 | | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If 'Yes,' was the related organization(s) a section 527 organization? | 49b | | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $100,000 ► | | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over $100,000 ► | | |

**Sign Here**

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

► Signature of officer — Date 3/5/10

► BRAD DELZER - BOARD CHAIR
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Jody Barrett | Date 03/05/10 | Check if self-employed ► ☑ | Preparer's Identifying Number (See instructions) 473645582 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► A. T. S. Jody Barrett, 219 Prairiewood Drive, Fargo ND 58103 | | EIN 41-1711456 | |
| | | Phone no ► (701) 367-0653 | |

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization: Theatre B

Employer identification number: 20-0204648

## Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

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 )

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 [X] An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % 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.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

**a** [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

**e** [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11 g (i)** | | |
| **(ii)** a family member of a person described in (i) above? | **11 g (ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? | **11 g (iii)** | | |

**h** Provide the following information about the organizations the organization supports.

| (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 organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of Support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

## Part II Support 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.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 **Total.** Add lines 1-3 | | | | | | |
| 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 | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| 9 Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) . . . 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . 15 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check 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.)

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') | 185. | 9,020. | 11,221. | 12,298. | 15,176. | 47,900. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | 15,764. | 24,254. | 26,437. | 34,612. | 19,409. | 120,476. |
| 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 **Total.** Add lines 1-5 | 15,949. | 33,274. | 37,658. | 46,910. | 34,585. | 168,376. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | 168,376. |

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 15,949. | 33,274. | 37,658. | 46,910. | 34,585. | 168,376. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 0. | 5,511. | 6,248. | 7,187. | 5,374. | 24,320. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 0. | 5,511. | 6,248. | 7,187. | 5,374. | 24,320. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0. | | 530. | 0. | 0. | 530. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support.** (add lns 9, 10c, 11, and 12) | | | | | | 193,226. |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► [X]

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | % |

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► [ ]

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**Supporting Statement of:**

Form 990-EZ/Line 1

| Description | Amount |
|---|---|
| | 3,876. |
| | 3,000. |
| | 7,500. |
| Total | 14,376. |

**Supporting Statement of:**

Form 990-EZ/Line 2

| Description | Amount |
|---|---|
| Ticket Sales | 14,675. |
| Season Ticket Sales | 2,655. |
| Concessions | 739. |
| Merchandise | 185. |
| Ad Sales | 1,155. |
| Total | 19,409. |

**Supporting Statement of:**

Form 990-EZ/Line 13

| Description | Amount |
|---|---|
| Directors Fees | 8,681. |
| Artist Fees | 2,300. |
| Total | 10,981. |

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (B)

| Description | Amount |
|---|---|
| Checking | 3,706. |
| Savings | 19,410. |
| Petty Cash | 150. |
| Total | 23,266. |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

**2008**

Attachment Sequence No **67**

Name(s) shown on return: Theatre B

Identifying number: 20-0204648

Business or activity to which this form relates: Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

**Note:** *If you have any listed property, complete Part V before you complete Part I*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | $250,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | $800,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property Instead, use Part V.*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | 695. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐ | | |

**Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

**Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 695. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A – Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles*)

**24a** Do you have evidence to support the business/investment use claimed? . . . ☐ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? . . . ☐ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| **27** Property used 50% or less in a qualified business use: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| **28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . | | | | | | **28** | | |
| **29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . | | | | | | | **29** | |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) . . . . . | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year | | | | | | | | | | | | |
| **32** Total other personal (noncommuting) miles driven . . | | | | | | | | | | | | |
| **33** Total miles driven during the year. Add lines 30 through 32 . . . | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **34** Was the vehicle available for personal use during off-duty hours? . . . . . | | | | | | | | | | | | |
| **35** Was the vehicle used primarily by a more than 5% owner or related person? . . | | | | | | | | | | | | |
| **36** Is another vehicle available for personal use? . . . . . | | | | | | | | | | | | |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . | | |
| **39** Do you treat all use of vehicles by employees as personal use? . . . . . | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . | | |
| **Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.* | | |

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2008 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2008 tax year . . | | | | **43** | |
| **44** **Total.** Add amounts in column (f). See the instructions for where to report . . . . . | | | | **44** | |

Form 990-EZ
Part II

# Other Assets and Liabilities

2008

| Name as Shown on Return | Employer Identification No. |
|---|---|
| Theatre B | 20-0204648 |

| Line 24 - Other Assets: | Beginning of Year | End of Year |
|---|---|---|
| Equipment | 3,091. | 5,106. |
| Less Depreciation | -847. | -1,516. |
| PrePaid Season Ticket Sales | | -1,575. |
| Totals to Form 990-EZ, Part II, line 24 | 2,244. | 2,015. |

| Line 26 - Total Liabilities: | Beginning of Year | End of Year |
|---|---|---|
| Totals to Form 990-EZ, Part II, line 26 | | |

TEEW1801.SCR 04/21/08

Form 990-EZ, Part I, Line 8
**Other Revenue Statement**

| Other revenue (describe) | |
|---|---|
| Theatre Space Rental | 5,250. |
| Inkind Income | 800. |
| Total | 6,050. |

Form 990-EZ, Part I, Line 16
**Other Expenses Statement**

| Other expenses (describe) | |
|---|---|
| Accounting Expense | 267. |
| Advertising | 10,348. |
| Design & Technical Expense | 2,025. |
| Merchandise | 980. |
| Office Expense | 1,205. |
| Royalties | 4,950. |
| Scripts | 442. |
| Bank Charges | 32. |
| Special Events | 288. |
| Meals & Hospitality | 549. |
| Equipment repair | 94. |
| Concessions Expense | 345. |
| Depreciation | 695. |
| Inkind Expense | 800. |
| Workshops | 25. |
| Gifts | 6. |
| Insurance | 400. |
| Dues & Fees | 320. |
| Miscellaneous | 7. |
| Total | 23,778. |

Form 990-EZ, Page 1, Part I, Line 20
**Other Changes in Net Assets or Fund Balances**

| Description | Amount |
|---|---|
| Deposits information incorrectly entered increased Cash accts | 2,167. |
| Fixed Assets were overstated reducing that account | -708. |
| Cash overstated in 2006 reducing Cash accts | -210. |
| Total | 1,249. |

**Supporting Statement of:**

Sch. A, page 3/Gifts, Grants, Fees Amt.-5

| Description | Amount |
|---|---|
| | 3,876. |
| | 7,500. |
| | 800. |
| | 3,000. |
| Total | 15,176. |

**Supporting Statement of:**

Sch. A, page 3/Line 10a-2

| Description | Amount |
|---|---|
| Rental Income | 5,500. |
| Interest | 11. |
| Total | 5,511. |

**Supporting Statement of:**

Sch. A, page 3/Line 10a-3

| Description | Amount |
|---|---|
| Rental Income | 6,154. |
| Interest | 94. |
| Total | 6,248. |

**Supporting Statement of:**

Other Assets & Liabilities: Form 990-EZ/Line 24 Beginning of Year-1

| Description | Amount |
|---|---|
| 2006 Equipment | 734. |
| Software | 591. |
| Cable | 150. |
| Dimmer | 581. |
| Misc. | 1,035. |
| Total | 3,091. |

**Supporting Statement of:**

Other Assets & Liabilities: Form 990-EZ/Line 24 End of Year-2

| Description | Amount |
|---|---|
| | -821. |
| | -695. |
| Total | -1,516. |