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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)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 8/01 , **2008, and ending** 7/31 , **2009**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>THEATER LATTE' DA 1170 15TH AVENUE SE #203 MINNEAPOLIS, MN 55414</p>	<p>D Employer identification number 41-1908432</p> <p>E Telephone number 612-339-3033</p> <p>F Group Exemption Number</p>
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• 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. Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.THEATERLATTEDA.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — 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 ▶ \$ 601,730.

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

1	Contributions, gifts, grants, and similar amounts received	1	249,014.
2	Program service revenue including government fees and contracts	2	297,816.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	52,050.
6b	b Less direct expenses other than fundraising expenses	6b	12,573.
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	39,477.
7a	a Gross sales of inventory, less returns and allowances	7a	
7b	b Less cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	2,850.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	589,157.
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	250,104.
13	Professional fees and other payments to independent contractors	13	64,323.
14	Occupancy, rent, utilities, and maintenance	14	16,113.
15	Printing, publications, postage, and shipping	15	30,599.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	271,053.
17	Total expenses (add lines 10 through 16)	17	632,192.
18	Excess or deficit for the year (Subtract line 17 from line 9)	18	-43,035.
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	56,700.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-6,043.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	7,622.

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	52,510.	22 style="text-align:right;">16,787.
23	Land and buildings		23
24	Other assets (describe ▶ SEE STATEMENT 4)	9,540.	24 style="text-align:right;">57,613.
25	Total assets	62,050.	25 style="text-align:right;">74,400.
26	Total liabilities (describe ▶ SEE STATEMENT 5)	5,350.	26 style="text-align:right;">66,778.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,700.	27 style="text-align:right;">7,622.

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

Form 990-EZ (2008)

SCANNED FEB 0 9 2009

EXPENSES

NET ASSETS

28-12
25

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		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		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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	39a 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
40b	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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	41 List the states with which a copy of this return is filed <u>MN</u>		

42a The books are in care of KIMBERLY MOTES Telephone no. 612-339-3033
 Located at 1170 15TH AVENUE SE, SUITE 203 MINNEAPOLIS MN ZIP + 4 55414

		Yes	No
42b	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		X
42c	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		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 N/A N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	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		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. **SEE STATEMENT 9**

	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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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 ▶		

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: *Marilyn Nevin* Date: 1/23/2010
 Type or print name and title: MARILYN NEVIN TREASURER

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 1/11/10
 Firm's name (for yours if self-employed), address, and ZIP + 4: CARPENTER EVERT & ASSOCIATES
 7760 FRANCE AVE. S. #940
 BLOOMINGTON, MN 55435
 Check if self-employed:
 Preparer's Identifying Number (See instructions): P00048853
 EIN: 41-1534805
 Phone no: (952) 831-0085

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 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)						
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'.)	128,533.	160,663.	157,267.	153,479.	249,014.	848,956.
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	170,403.	168,483.	160,864.	265,375.	297,816.	1,062,941.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	298,936.	329,146.	318,131.	418,854.	546,830.	1,911,897.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	10,000.	0.	0.	0.	0.	10,000.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	10,000.	0.	0.	0.	0.	10,000.
8 Public support (Subtract line 7c from line 6.)						1,901,897.

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	298,936.	329,146.	318,131.	418,854.	546,830.	1,911,897.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV			9,403.	21,878.	42,327.	73,608.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,985,505.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.8 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	97.4 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0 %

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 II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	52,050.		52,050.
2	Less Charitable contributions			
3	Gross revenue (line 1 minus line 2)	52,050.		52,050.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	12,573.	12,573.
	8	Direct expense summary Add lines 4- through 7 in column (d)		12,573.
9	Net income summary Combine lines 3 and 8 in column (d)		39,477.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a _____ %

b An outside facility

13b _____ %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

CLIENT 020175

THEATER LATTE' DA

41-1908432

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME			
		TOTAL	\$ <u>2,850.</u>
			\$ <u>2,850.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION		\$	25,590.
BANK FEES			3,946.
DEPRECIATION			971.
DESIGNER FEES			31,908.
ENTERTAINMENT			4,665.
EQUIPMENT RENTAL			7,088.
INSURANCE			460.
MISCELLANEOUS EXPENSE			2,149.
OFFICE EXPENSES			6,068.
PRODUCTION EXPENSES			140,251.
ROYALTIES			20,844.
TELECOMMUNICATIONS			4,668.
TICKETING EXPENSE			9,064.
TRAVEL			13,381.
		TOTAL	\$ <u>271,053.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE DUE TO ACCOUNTING ERROR			\$ -6,043.
		TOTAL	\$ <u>-6,043.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 2,300.	\$ 16,183.
MACHINERY AND EQUIPMENT	4,070.	4,997.
PLEDGES AND GRANTS RECEIVABLE	0.	25,000.
PREPAID EXPENSES AND DEFERRED CHARGES	3,170.	11,433.
TOTAL	\$ <u>9,540.</u>	\$ <u>57,613.</u>

CLIENT 020175

THEATER LATTE' DA

41-1908432

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 5,350.	\$ 40,369.
DEFERRED REVENUE	0.	10,905.
SECURED MORTGAGES AND NOTES PAYABLE	0.	15,504.
TOTAL	<u>\$ 5,350.</u>	<u>\$ 66,778.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THEATER LATTÉ DA (THE ORGANIZATION) IS TO CREATE NEW CONNECTIONS BETWEEN TEXT, MUSIC, ARTIST AND AUDIENCE BY EXPLORING AND EXPANDING THE ART OF MUSICAL THEATER.

THEATER LATTÉ DA HAS CREATED A NEW VOICE FOR MUSICAL THEATER THAT BOTH RESPECTS AND CHALLENGES ITS AUDIENCES THROUGH DIVERSE STORIES THAT ARE INTIMATE, AMUSING AND ENLIGHTENING. THE ORGANIZATION HAS GROWN INTO ONE OF THE ONLY MIS-SIZE THEATER ORGANIZATIONS IN THE TWIN CITIES, MATURING FROM SIMPLE CABARET STYLES TO CREATING WORKS THAT EXPERIMENT WITH ORIGINAL FORMATS AND UNIQUE STORYTELLING TECHNIQUES. SINCE ITS INCEPTION, THE ORGANIZATION HAS HELD FAST TO ITS MISSION, AND THROUGH ITS ADVANCEMENT, IS FILLING A UNIQUE NICHE IN THE ARTS COMMUNITY. FROM THE FIRST KERNEL OF AN IDEA TO THE FINAL VISION REALIZED ON STAGE, THE ORGANIZATION PRIZES THE ENTIRE CREATIVE PROCESS WHILE STRIVING TO ATTAIN THE HIGHEST LEVELS OF ARTISTIC ACHIEVEMENT FOR STAFF, ARTISTS AND AUDIENCES. ULTIMATELY, THIS CULMINATES IN PRODUCTIONS THAT CHALLENGE PRECONCEPTIONS, OFFER NEW INSIGHTS AND ALLOW DIVERSE VOICES TO REFLECT THE VAST ARRAY OF BELIEFS IN OUR COMMUNITY.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION'S PROGRAMS ARE AS FOLLOWS:

MUSICAL THEATRICAL PERFORMANCES - THE ORGANIZATION CREATES AND PRODUCES CAPTIVATING THEATER INSPIRED BY THE RICH CANVAS OF THE HUMAN EXPERIENCE, BY PLACING EQUAL EMPHASIS ON BOTH MUSIC AND STORYTELLING. THE PERFORMANCES WEAVE TAPESTRIES OF ENGAGING, CHALLENGING, MULTI-LAYERED AND OFTEN SURPRISING - NARRATIVES THAT RESONATE WITH PEOPLE ON MANY LEVELS: PERSONAL, INTELLECTUAL, EMOTIONAL, VISCERAL AND SPIRITUAL. THE ORGANIZATION IS COMMITTED TO REACHING OUT TO DIVERSE CULTURAL COMMUNITIES.

AUDIENCE DISCUSSIONS - SINCE THE SPRING OF 2002, AUDIENCE DISCUSSIONS HAVE BEEN OFFERED AS A WAY TO DEEPEN AND ADD CONTEXT TO AUDIENCE MEMBER'S EXPERIENCES. THE DISCUSSIONS OFFER THE AUDIENCE AN INSIGHT INTO THE PROCESS OF HOW THE COMPOSERS, LYRICISTS, PERFORMERS AND DIRECTORS DEVELOP AND STAGE NEW WORK. AUDIENCE DISCUSSIONS HAVE CONTINUED TO PRODUCE REMARKABLE INSIGHTS, THOUGHT-PROVOKING QUESTIONS AND POSITIVE PARTICIPATION FROM THE COMMUNITY.

PARTNERSHIPS - THE ORGANIZATION CONTINUALLY SEEKS OUT CREATIVE PARTNERSHIPS WITH LOCAL AND NATIONAL ORGANIZATIONS TO BRING INNOVATIVE IDEAS TO THE ARTISTIC TABLE, EXPAND ITS PRESENCE IN THE COMMUNITY AND POOL LIMITED RESOURCES TO MAXIMIZE THE IMPACT OF THE ORGANIZATION'S PRODUCTIONS. IN 2002, THE WINGS PRODUCTION PARTNERED WITH THE AMERICAN AND MINNESOTA STROKE ASSOCIATIONS TO BRING AWARENESS ABOUT STRUGGLING WITH A MAJOR STROKE. IN 2005, KINGS OF HEARTS (IN PARTNERSHIP WITH INTERACT CENTER FOR THE VISUAL AND PERFORMING ARTS) DEPICTED INMATES OF AN INSANE ASYLUM INHABITING AN ABANDONED VILLAGE IN WHICH DISABLED AND NON-DISABLED

CLIENT 020175

THEATER LATTE' DA

41-1908432

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROFESSIONAL ACTORS CHALLENGED PATRONS REGARDING THEIR OWN PRECONCEPTIONS OF ABILITY WHILE CELEBRATING THE WISDOM OF THE MARGINALIZED. THE PERFORMANCE, BURNING PATIENCE, PARTNERED WITH SEVERAL INDIVIDUALS AND LATINO ORGANIZATIONS TO BRING THE SHOW TO MEMBERS OF THE COMMUNITY WHO HAD NOT PREVIOUSLY EXPERIENCED MUSICAL THEATER.

STATEMENT 8
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
TRAVIS BARKVE 1614 HARMON PLACE, STE 230 MINNEAPOLIS, MN 55403	TREASURER 2.00	\$ 0.	\$ 0.	\$ 0.
JEFF BROCKMANN 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
DAN CALDWELL 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	SECRETARY 2.00	0.	0.	0.
PETER CARLSON 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
CHARLA ECCLES 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
STEVE FROESCHL 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
CHRISTOPHER HERMANN 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
LISA HOENE 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	VICE PRESIDENT 2.00	0.	0.	0.
CHRISTINA JANS 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.

STATEMENT 8 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAY WADERA 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
JIM QUINN 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
MARGARET NELSON BRINKHAUS 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
MARILYN NEVIN 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
ELIZABETH MANNION GIBBA 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
PETER ROTHSTEIN 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	ARTISTIC DIR. 2.00	0.	0.	0.
STEVE FROESCHL 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	DIRECTOR 2.00	0.	0.	0.
KIMBERLY NOTES 1614 HARMON PLACE, STE 230 MINNEAPOLIS, MN 55414	MANAGING DIR. 40.00	52,308.	0.	0.
BILL VENNE 1614 HARMON PLACE, STE. 230 MINNEAPOLIS, MN 55403	PRESIDENT 2.00	0.	0.	0.
TOTAL		\$ 52,308.	\$ 0.	\$ 0.

STATEMENT 9
 FORM 990-EZ, PART VI
 REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only...

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization THEATER LATTE' DA	Employer identification number 41-1908432
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 1614 HARMON PLACE #230	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55403	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ MICHELLE PETT -----

Telephone No. ▶ 612-339-3033 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 3/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 8/01, 20 08, and ending 7/31, 20 09.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.