



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Open to Public Inspection

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 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.

A For 2008 calendar year, or tax year beginning AUGUST 31, 2008, and ending JULY 31, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Interactive Theater Company. D Employer identification number: 76-0628208. E Telephone number: (713) 825-5278. F Group Exemption Number.

G Accounting method: Cash [] Accrual [X] Other (specify) Other (specify) H Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

I Website: www.interactivetheater.org

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. \$ 213,402

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

Table with 21 rows for Revenue, Expenses, and Assets. Includes a 'RECEIVED' stamp from IRS-OSC, OGDEN, UT, dated APR 22 2010.

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

Table with 7 rows for Balance Sheets, comparing (A) Beginning of year and (B) End of year for Cash, Land, and Total Assets/Liabilities.

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form 990-EZ (2008)

96 12

SCANNED MAY 14 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
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	Section 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
b	Section 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		
42a	The books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 & 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
Total number of other independent contractors each 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: *[Handwritten Signature]* Date: 4-13-10
 Type or print name and title: **Angela Foster** Executive Artistic Direct

Paid Preparer's Use Only
 Preparer's signature: *[Handwritten Signature]* Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **H&R BLOCK**
1967 W TC JESTER BLVD
 Check if self-employed Preparer's Identifying No. (See instr) _____
 EIN: _____ Phone no.: _____

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

Public Charity Status and Public Support

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization **Interactive Theater Company** Employer identification number **76-0628208**

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 a 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 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 to 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 it 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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

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									

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	08-31-2008, and ending	07-31-2009.
Name of Organization Interactive Theater Company			Employer Identification Number 76-0628208

Description of Other Revenue	Amount
Uncategorized Income	6
Total	6

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2007 or tax period beginning 08-31-2008, and ending 07-31-2009.
Name of Organization Interactive Theater Company	Employer Identification Number 76-0628208

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Inventories for sale or use	8,857	20,799	
Totals	8,857	20,799	

SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2007 or tax period beginning 08-31-2008, and ending 07-31-2009.
Name of Organization Interactive Theater Company	Employer Identification Number 76-0628208

Description of Liability	Beginning of Year	End of Year
Accounts payable and accrued expenses	13,599	2,322
Mortgages and other notes payable	5,177	1,495
Retained earnings, endowments, accumulated income, or other funds	-4,723	
Totals	14,053	3,817

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	08-31-2008, and ending	07-31-2009.
Name of Organization Interactive Theater Company			Employer Identification Number 76-0628208

Description of Other Expenses	Amount
MATERIALS	266
RESEARCH	40
PROGRAM SERVICES	70,705
FUNDRAISING	21,744
Total	92,755

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	08-31-2008, and ending	07-31-2009.
Name of Organization Interactive Theater Company			Employer Identification Number 76-0628208
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	106,410

Exempt Purpose Achievements

PRESENTED A SERIES OF THEATER PRODUCTIONS FOR ELEMENTARY AGED CHILDREN. APPROXIMATELY 21,692 ATTENDED THESE IN-HOUSE PRODUCTIONS DURING THE FISCAL YEAR.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	08-31-2008, and ending	07-31-2009.
Name of Organization Interactive Theater Company			Employer Identification Number 76-0628208
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	19,080

Exempt Purpose Achievements

Offered remote performances to schools, churches, and businesses. Also, offered remote production classes to elementary aged children. Approximately 43,500 were served through these outside bookings.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 08-31-2008, and ending 07-31-2009.
---------------------------	---

Name of Organization Interactive Theater Company	Employer Identification Number 76-0628208
---	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
Robb Brunson 409 West 13th St #3 Houston, TX 77008	Multiple 40.00	38,000	0	0
Melanie Petersen 1529 Wakefield Houston, TX 77018	Box Office Manager 40.00	19,220	0	0
Angela Foster 1219 Cheshire Houston, TX 77018	Executive Artistic D 40.00	19,975	0	0
Norman Baker 2222 North Durham Houston, TX 77008	Board President 0.00	0	0	0
Patricia Cabrera 4400 West 18th Street Houston, TX 77007	Board Member 0.00	0	0	0
Karen Campbell 9410 Stonehouse Houston, TX 77025	Board Member 0.00	0	0	0
Ott Chin 6950 Port West Drive Houston, TX 77024	Board Member 0.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2008 or tax period beginning 08-31, and ending 07-31-2009.

Name of Organization Interactive Theater Company Employer Identification Number 76-0628208

Part V - Line 42a

Individual Name Angela Foster

or Business Name:

Street Address 1219 Cheshire

U.S. Address

Zip code 77018 City Houston State TX

Foreign Address

City

Province or State

Country

Postal code

Phone Number (713) 862-7112

Fax Number