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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

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 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.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Theatre Action Project</u>		D Employer identification number <u>74-2856925</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number <u>(512) 442-8773</u>
		<u>701 Tillery Box 9</u>		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 <u>Austin TX 78702</u>		

• 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.theatreactionproject.org
J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

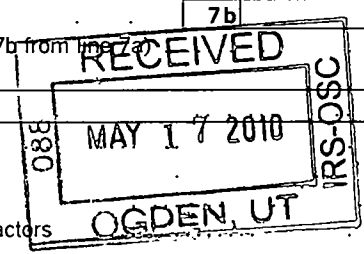
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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. ▶ \$ 767,779.

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	197,262.
2	Program service revenue including government fees and contracts	2	545,802.
3	Membership dues and assessments	3	
4	Investment income	4	
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 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"/>		
a	Gross revenue (not including \$ <u>13,415.</u> of contributions reported on line 1)	6a	24,715.
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	24,715.
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 ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	767,779.
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	417,273.
13	Professional fees and other payments to independent contractors	13	217,476.
14	Occupancy, rent, utilities, and maintenance	14	29,292.
15	Printing, publications, postage, and shipping	15	10,020.
16	Other expenses (describe ▶ See Other Expenses Statement)	16	80,378.
17	Total expenses (add lines 10 through 16)	17	754,439.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,340.
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	53,930.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	67,270.



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	29,064.	28,969.
23	Land and buildings	0.	0.
24	Other assets (describe ▶ See L-24 Stmt)	32,201.	59,674.
25	Total assets	61,265.	88,643.
26	Total liabilities (describe ▶ See L-26 Stmt)	7,335.	21,373.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,930.	67,270.

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

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? See Statement A		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
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			
28	TAP After School - See Statement B ----- ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	388,936.
29	TAP in the Classroom - See Statement B ----- ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	129,646.
30	Youth Theatre Ensembles - See Statement B ----- ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	64,823.
31	Other program services (attach schedule) 0 (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	64,823.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	648,228.

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
Laura Buehler 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
Raman N. Dewan 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
Ann S. Graham 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
KM Juhl 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
Benita Trevino 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
Carron Scott Whittaker 701 Tillery Ste. A14 Austin TX 78702	Director 1.00	0.	0.	0.
Karen Sullivan 701 Tillery Ste. A14 Austin TX 78702	Secretary 1.00	0.	0.	0.
Rich Smalling 701 Tillery Ste. A14 Austin TX 78702	Treasurer 3.00	0.	0.	0.
Gregory S. Perrin 701 Tillery Ste. A14 Austin TX 78702	Chair 1.00	0.	0.	0.
Karen LaShelle 701 Tillery Ste. A14 Austin TX 78702	Executive Director 40.00	45,500.	2,217.	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		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	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 _____ 0.		
37b	b Did the organization file Form 1120-POL for this year?		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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0.; section 4912 ▶ _____ 0.; section 4955 ▶ _____ 0.		
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	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Karen LaShelle Telephone no ▶ (512) 442-8773
 Located at ▶ 701 Tillery St., Ste. A14 Austin TX ZIP + 4 ▶ 78702

		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** | _____

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

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

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		X
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48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization(s) a section 527 organization?

49b		
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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: *Karen LaShelle* Date: *5/10/2010*
 Type or print name and title: *Karen LaShelle, Executive Director*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *05/06/10* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Monument Hill & Company, P.C.*
3001 South Lamar Blvd., Suite 320
Austin TX 78704 Preparer's Identifying Number (See instructions): *742902112*
 EIN: *742902112* Phone no: *(512) 442-0380*

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 BAA Form 990-EZ (2008)

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						<input type="checkbox"/>

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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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'.)	68,745.	140,546.	186,173.	300,102.	197,262.	892,828.
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	162,559.	172,843.	529,933.	373,745.	570,517.	1,809,597.
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	231,304.	313,389.	716,106.	673,847.	767,779.	2,702,425.
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	157,559.	167,843.	379,769.	280,215.	299,578.	1,284,964.
c Add lines 7a and 7b	157,559.	167,843.	379,769.	280,215.	299,578.	1,284,964.
8 Public support. (Subtract line 7c from line 6.)						1,417,461.

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	231,304.	313,389.	716,106.	673,847.	767,779.	2,702,425.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						2,702,425.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	52.45%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	44.12%

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 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.

		(a) Event #1 <u>Big Kid B-day</u> (event type)	(b) Event #2 <u>NONE</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))	
REVENUE	1	Gross receipts	38,130.		38,130.	
	2	Less. Charitable contributions	13,415.		13,415.	
	3	Gross revenue (line 1 minus line 2)	24,715.		24,715.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary Add lines 4- through 7 in column (d)				
	9	Net income summary. Combine lines 3 and 8 in column (d)				24,715.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
REVENUE	1	Gross revenue				
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	<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?	9 a	
b If 'No,' Explain ----- -----		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10 a	
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	

Name as Shown on Return Theatre Action Project	Employer Identification No 74-2856925
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Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable	31,464.	58,825.
Other	737.	849.
Totals to Form 990-EZ, Part II, line 24	32,201.	59,674.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts payable	6,860.	13,485.
Payroll liabilities	475.	7,888.
Totals to Form 990-EZ, Part II, line 26	7,335.	21,373.

Additional Information

Statement A

Form 990-EZ, Part III, Organization's Primary Exempt Purpose

The mission of Theatre Action Project (TAP) is to create and promote socially relevant interactive theatre and educational programming that ignites community dialogue, self-discovery and social change.

Statement B

TAP After School -

Provides daily programming that used theatre and art-based curricula to explore social issues, build self-esteem, and enrich students' academic experience in the school system. Students explore diversity through mask and puppet making, act out folktales in world theatre classes, write original performances and create parades in order to learn how to think creatively, work as a team and believe in themselves.

TAP in the Classroom -

TAP offers unique and effective five-day residencies to bring original theatrical pieces into the classroom, activating students in grades K-12 to discover and practice solutions to problems they face every day.

Youth Theatre Ensembles -

Middle and high school students create original interactive theatrical shows based on their own experiences. The companies then tour throughout the year to educate their peers on topics like dating violence, immigration, healthy lifestyle choices and education.

TAP in the Community -

Tap's customized programs use theatre as a tool to strengthen communities. Projects include interactive workshops and special events such as community events and festivals, summer camps, workshops on specific topics, ongoing projects for specific populations, and presentations at conferences.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
<u>Program and office Supplies</u>	<u>29,539.</u>
<u>Contributed goods</u>	<u>12,166.</u>
<u>Fundraising expenses</u>	<u>9,902.</u>
<u>Travel</u>	<u>5,831.</u>
<u>Telecommunications</u>	<u>4,288.</u>
<u>Other miscellaneous expenses</u>	<u>18,652.</u>
Total	<u><u>80,378.</u></u>