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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)

OMB No 1545-1150

2008

Open to Public
Inspection

► 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 the 2008 calendar year, or tax year beginning **11/01/08**, and ending **10/31/09**

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	C Name of organization THE BLACK HILLS PLAYHOUSE INC. Number and street (or P O box, if mail is not delivered to street address) PO BOX 2513 City or town, state or country, and ZIP + 4 RAPID CITY SD 57709	D Employer identification number 46-0215866
	Room/suite	E Telephone number 605-255-4141
		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 Cash Accrual
Other (specify) ►

I Website: ► **WWW.BLACKHILLSPLAYHOUSE.COM**

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 ► \$ **437,842**

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	89,379
2 Program service revenue including government fees and contracts	2	321,819
3 Membership dues and assessments	3	
4 Investment income	4	55
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	218
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	-218
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	SEE STMT 1	
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	26,589
b Less cost of goods sold	7b	14,151
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	12,438
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	423,473
10 Grants and similar amounts paid (attach schedule)	10	1,250
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	178,726
13 Professional fees and other payments to independent contractors	13	4,176
14 Occupancy, rent, utilities, and maintenance	14	72,517
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► SEE STATEMENT 2)	16	186,344
17 Total expenses. Add lines 10 through 16 ►)	17	443,013
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,540
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	288,994
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	269,454

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	12,216	22	8,732
23 Land and buildings	326,630	23	321,160
24 Other assets (describe ► SEE STATEMENT 3)	13,451	24	6,620
25 Total assets	352,297	25	336,512
26 Total liabilities (describe ► SEE STATEMENT 4)	63,303	26	67,058
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	288,994	27	269,454

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

DAA

Form 990-EZ (2008)

69

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others.)

What is the organization's primary exempt purpose?

PROVIDE PRACTICAL EXPERIENCE FOR STUDENTS IN THE ARTS

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 THE BLACK HILLS PLAYHOUSE PUTS ON SUMMER PRODUCTIONS
PERFORMED BY COLLEGE STUDENTS**

(Grants \$

1,250) If this amount includes foreign grants, check here**28a****433,243****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)**

(Grants \$

) If this amount includes foreign grants, check here

31a**32 Total program service expenses (add lines 28a through 31a)****32****433,243****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
BILL BARBER PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
JANET BOYER PO BOX 2513	RAPID CITY SD 57709	1ST V PRES 1	0	0
RUTH BRENNAN PO BOX 2513	RAPID CITY SD 57709	2ND V PRES 1	0	0
JERRY WHEELER PO BOX 2513	RAPID CITY SD 57709	PRES ELECT 1	0	0
DONNA FJELSTAD PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
KEN BAUMAN PO BOX 2513	RAPID CITY SD 57709	PRESIDENT 1	0	0
JANET SERINO PO BOX 2513	RAPID CITY SD 57709	SECRETARY 1	0	0
LUKE COX PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
SCOTT MCGREGOR PO BOX 2513	RAPID CITY SD 57709	TREASURER 1	0	0
DON SCHULTE PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
DANIEL GUYETTE PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
RANDY JOST PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
MIKE FELLNER PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
GENE MCCLUSKY PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
MICHAEL BURGRAFF PO BOX 2513	RAPID CITY SD 57709	EXEC DIR 40	60,000	13,698
MICHAEL TENNYSON PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0
LARRY SCHOU PO BOX 2513	RAPID CITY SD 57709	BOARD MEMBER 1	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

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

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? 35a

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a ►

b Did the organization file **Form 1120-POL** for this year? 37b

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40a

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c ► _____

d Enter amount of tax on line 40c reimbursed by the organization 40d ► _____

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

41 List the states with which a copy of this return is filed. ► **NONE**42a The books are in care of ► **MICHAEL BURGRAFF**Telephone no ► **605-255-4141****23935 HWY 385**Located at ► **HILL CITY, SD**ZIP + 4 ► **57745**

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**.

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check hereand 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 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

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
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.

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

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

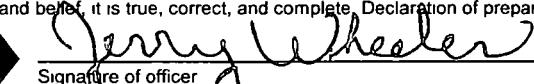
b If "Yes," was the related organization(s) a section 527 organization? 49b

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 & 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 each 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		
		Date 1 5/31/10	Preparer's title PRESIDENT
Signature of officer ► JERRY WHEELER			
Type or print name and title			

Paid Preparer's Use Only	Preparer's signature 	Date 5/18/10	Check if self-employed <input checked="" type="checkbox"/> X	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► DESMET & BIGGS LLP PO BOX 1719 RAPID CITY, SD 57709-1719		EIN ► Phone no ► 605-348-8870	

May the IRS discuss this return with the preparer shown above? See instructions ► 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

THE BLACK HILLS PLAYHOUSE INC.

Employer identification number
46-0215866

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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

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

Schedule A (Form 990 or 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 any "unusual grants.")	81,772	110,789	178,222	101,153	89,379	561,315
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	81,772	110,789	178,222	101,153	89,379	561,315
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)						20,340
6 Public support. Subtract line 5 from line 4						540,975

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	81,772	110,789	178,222	101,153	89,379	561,315
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,299	1,583	1,993	231	55	5,161
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						566,476
12 Gross receipts from related activities, etc (see instructions)					12	1,836,847

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	95.4983 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.6498 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input checked="" 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 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 any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a Amounts included on lines 1, 2, and 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
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.)						
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	%
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	►	<input type="checkbox"/>
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 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	►	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►	<input type="checkbox"/>

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)

Depreciation and Amortization
(Including Information on Listed Property)

Name(s) shown on return

THE BLACK HILLS PLAYHOUSE INC.

Identifying number
46-0215866

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	
	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
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 instructions)	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	24,808

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	0
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 ► <input type="checkbox"/>		

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		
i Nonresidential real property		27.5 yrs	MM	S/L		
		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 instr	22	24,808
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

<u>How Received</u>	<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depreciation</u>	<u>Gain / Loss</u>
LAPTOP COMPUTER PURCHASE		9/01/99	10/31/09	\$	\$ 3,069	\$ 3,069	\$ 3,069
PRINT PURCHASE		8/28/01	10/31/09		320		320
LAPTOP COMPUTER PURCHASE		6/16/01	10/31/09		714		714
WINGS PURCHASE		7/21/85	11/01/08		583		583
SEWING MACHINES PURCHASE		2/15/89	11/01/08		148		148
DIMMER PACK ACCESS PURCHASE		3/05/91	11/01/08		158		158
REWIRED PRODUCTION LIGHTS PURCHASE		7/28/92	11/01/08		447		447
ORGAN PURCHASE		4/12/94	11/01/08		1,291		1,291
CLOTHING FORMS PURCHASE		6/15/94	11/01/08		108		108
CHRIS ERICKSON PURCHASE		7/08/94	11/01/08		105		105
SEWING MACHINE PURCHASE		9/09/94	11/01/08		100		100
CONVEYOR PURCHASE		7/11/95	11/01/08		663		663
4-CELL QUAD COLORTRAN PURCHASE		11/30/95	11/01/08		792		792
RADIAL ARM SAW PURCHASE		6/12/96	11/01/08		330		330
BAND SAW/JIG SAW PURCHASE		7/23/96	11/01/08		956		956
HAMMER DRILL PURCHASE		10/07/96	11/01/08		163		163
FREEZERS PURCHASE		6/15/97	11/01/08		954		954
FENCING FOILS PURCHASE		6/06/97	11/01/08		459		459
2.5 GB SEAGATE HD PURCHASE		5/11/98	11/01/08		403		403

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other****(continued)**

Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
3.2 GB TOSHIBA LAPTOP PURCHASE DRAPES		5/26/98	11/01/08	\$	\$ 403	\$ 403	\$
PURCHASE PLUMBING HOOKUP CABINS		6/25/98	11/01/08		247	247	
PURCHASE MASTER PLAN		6/01/80	11/01/08		348	348	
PURCHASE SPEAKER ED LOWERY PURCHASE RUGS SHARON HOCHHALTER PURCHASE SOFA PURCHASE FREEZER PURCHASE FREEZER DISPLAY CASE PURCHASE 3' SS WORK TABLE PURCHASE ICE CREAM DIPPING CABINET PURCHASE PRINTER PURCHASE PRINTER PURCHASE QUICKBOOKS ACCT SOFTWARE PURCHASE 1970 STEP VAN PURCHASE PRINTER PURCHASE JIGSAW PURCHASE COMPUTER PROGRAMS PURCHASE		8/15/88	11/01/08	5,000	292	292	
				6/13/95	11/01/08	259	259
				8/01/95	11/01/08		
				11/01/84	11/01/08	412	412
				6/23/94	11/01/08	75	75
				4/28/99	11/01/08	320	320
				4/28/99	11/01/08	387	387
				4/28/99	11/01/08	240	240
				1/15/02	11/01/08	148	148
				6/08/00	11/01/08	158	158
				2/08/00	11/01/08	196	196
				9/01/01	11/01/08	1,000	1,000
				6/13/02	11/01/08	148	148
				8/09/02	11/01/08	190	190
				6/24/04	11/01/08	493	493

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other**

(continued)

Description		Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
WEED WACKER PURCHASE			6/24/04	11/01/08	\$	280	\$ 243	\$ -37
UPGRADING OF COMPUTERS PURCHASE			7/22/04	11/01/08		698	698	
COMPUTER PURCHASE			11/01/04	11/01/08		902	721	-181
A/C SYSTEM PURCHASE			7/09/08	11/01/08	\$ 0	\$ 23,959	\$ 23,741	\$ -218
TOTAL								

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
TRAVEL	15,787
INTEREST EXPENSE	2,401
OFFICE SUPPLIES	4,324
POSTAGE	1,839
TELEPHONE	8,769
GROUNDS AND BUILDING	9,181
PUBLICITY AND ADVERTISING	31,751
DUES AND SUBSCRIPTIONS	1,659
BANK AND CREDIT CARD FEES	6,525
MISCELLANEOUS	1,305
JANITORIAL SUPPLY	285
PRODUCTION/SET/COSTUME EX	64,035
FOOD AND PER DIEM	32,908
VEHICLE EXPENSE	5,575
TOTAL	<u>\$ 186,344</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
INVENTORIES FOR SALE OR USE	\$ 6,686	\$ 6,620
PREPAID EXPENSES AND DEFERRED CHARGES	6,765	
	<u>13,451</u>	<u>6,620</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 11,131	\$ 29,708
DEFERRED REVENUE	5,900	
MORTGAGE AND OTHER NOTES PAYABLE	46,272	37,350
	<u>63,303</u>	<u>67,058</u>