



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**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 the 2008 calendar year, or tax year beginning **11/01/08**, and ending **10/31/09****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization**THE BLACK HILLS PLAYHOUSE INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 2513

Room/suite

City or town, state or country, and ZIP + 4

RAPID CITY**SD 57709****D** Employer identification number**46-0215866****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****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. ▶ \$ **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	8,732
23 Land and buildings	326,630	321,160
24 Other assets (describe ▶ SEE STATEMENT 3)	13,451	6,620
25 Total assets	352,297	336,512
26 Total liabilities (describe ▶ SEE STATEMENT 4)	63,303	67,058
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	288,994	269,454

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

Form **990-EZ** (2008)

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

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	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	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: section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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. ▶ NONE		
42a The books are in care of ▶ MICHAEL BURGRAFF 23935 HWY 385 Located at ▶ HILL CITY, SD		
Telephone no ▶ 605-255-4141		
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)?	42b	X
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 ?	42c	X
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 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.

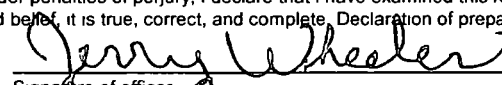
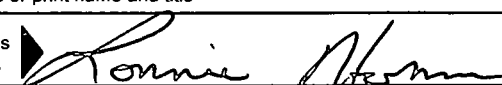
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the 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 & 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.			
	 Signature of officer JERRY WHEELER Type or print name and title		Date 5/21/10 PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	 Date 5/18/10		Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	DESMET & BIGGS LLP PO BOX 1719 RAPID CITY, SD 57709-1719		Preparer's Identifying Number (See instr.) EIN ▶ Phone no 605-348-8870
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 ► <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	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 ▶ ☐

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 ▶ ☐

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

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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No **67**

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

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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see 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.

Form **4562** (2008)

Federal Statements

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

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
LAPTOP COMPUTER PURCHASE		9/01/99	10/31/09	\$	\$	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	
REWIRE 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		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
3.2 GB TOSHIBA LAPTOP		PURCHASE		5/26/98	11/01/08	\$	403	\$	403
DRAPES		PURCHASE		6/25/98	11/01/08		247		247
PLUMBING HOOKUP CABINS		PURCHASE		6/01/80	11/01/08		348		348
MASTER PLAN		PURCHASE		8/15/88	11/01/08		5,000	5,000	
SPEAKER ED LOWERY		PURCHASE		6/13/95	11/01/08		292		292
RUGS SHARON HOCHHALTER		PURCHASE		8/01/95	11/01/08		259		259
SOFA		PURCHASE		11/01/84	11/01/08		412		412
FREEZER		PURCHASE		6/23/94	11/01/08		75		75
FREEZER DISPLAY CASE		PURCHASE		4/28/99	11/01/08		320		320
3' SS WORK TABLE		PURCHASE		4/28/99	11/01/08		387		387
ICE CREAM DIPPING CABINET		PURCHASE		4/28/99	11/01/08		240		240
PRINTER		PURCHASE		1/15/02	11/01/08		148		148
PRINTER		PURCHASE		6/08/00	11/01/08		158		158
QUICKBOOKS ACCT SOFTWARE		PURCHASE		2/08/00	11/01/08		196		196
1970 STEP VAN		PURCHASE		9/01/01	11/01/08		1,000	1,000	
PRINTER		PURCHASE		6/13/02	11/01/08		148		148
JIGSAW		PURCHASE		8/09/02	11/01/08		190		190
COMPUTER PROGRAMS		PURCHASE		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		How Received	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				
TOTAL						\$ 0 \$	23,959 \$	23,741 \$	-218

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

<u>Description</u>	<u>Amount</u>
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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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>