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## Form **990**

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 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable Please use IRS label or print or type. See THE CIRCUS BARN, INC. Address change 23-7352665 DBA CIRCUS SMIRKUS Telephone number Name change 1 CIRCUS ROAD specific Instruc-802-533-7443 Initial return GREENSBORO, VT 05841 Termination G Gross receipts \$ Amended return 1,867,458. F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? SAME AS C ABOVE Nο If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3 ) ◄ (insert no.) 4947(a)(1) or WWW.SMIRKUS.ORG Website: ► H(c) Group exemption number ▶ Form of organization X Corporation 1974 Association Other L Year of Formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF CIRCUS SMIRKUS IS TO PROMOTE SKILLS, CULTURE AND TRADITIONS OF THE TRAVELING CIRCUS AND TO INSPIRE Activities & Governance YOUTH TO ENGAGE IN LIFE ENHANCING ADVENTURES IN THE CIRCUS ARTS Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>10</u> Total number of employees (Part V, line 2a) 5 99 6 Total number of volunteers (estimate if necessary) 6 60 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a ი. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 565,055. 373,811. Program service revenue (Part VIII, line 2q) 238,183. 309,363. Investment income (Part VIII, column (A), Inperior (A), Other revenue (Part VIII, column (A) lines 5, 64, 86, 96, 10c, a 10 1,635. 1,985. 11 118,879. 118,008. Total revenue - add lines 8 through 1 (must equal Part VIII, column) 1.923.752. (A), line 12) 1,803,167. Grants and similar amounts paid (Partox) column (4), (ne 015) Benefits paid to or for members (Part Column (A), line 4) Salaries, other compensation, employee benefits (Partilly column (A), lines 5-10) 891,974. 851,701 16a Professional fundraising fees (Part IX, column A) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 134,558. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 891,845 837,954 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,783,819 689,655 Revenue less expenses. Subtract line 18 from line 12 139,933 113,512 Beginning of Year End of Year 1,143,351 20 Total assets (Part X, line 16) 803,937 21 Total liabilities (Part X, line 26) 487,967. 713,869 Ne P 22 Net assets or fund balances. Subtract line 21 from line 20 315,970 429,482 Part II Signature Block 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, peclaration of preparer (other than office) is passed on all information of which preparer has any knowledge Sign Here Signature of officer EDWARD Type or print name and title Date Preparer's identifying number Check if Paid LELA MCCAFFREY employed Preparer's 3-6-10 Pre-P00476486 parer's FOTHERGILL SEGALE & VALLEY CPAS Firm's name (or yours if self-Use 143 BARRE STREET 03-0300841 Only MONTPELIER, VT 05602 (802) 223-6261 Phone no Yes May the IRS discuss this return with the preparer shown above? (see instructions) ΙXΙ

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

Form 990 (2009)

TEEA0113L 12/29/09

23-7352665 Form 990 (2009) THE CIRCUS BARN, INC.

Part IV | Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Y			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
ZÜ	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	_20	L	LX_

line 1

34

35

36

**37** 

Х

X

X

	n 990 (2009) THE CIRCUS BARN, INC. 23-735	2665	F	age 4
Pa	t IV   Checklist of Required Schedules (continued)			
	·	Ĭ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	. 21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on ParIX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	rt <u>22</u>		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule 1	ent <b>23</b>	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d a complete Schedule K If 'No, 'go to question 25	and <b>24a</b>		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	. 24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas any tax-exempt bonds?	e <b>24c</b>		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, at that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	nd <b>25b</b>		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u> </u>	X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family members an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	ber) <b>28c</b>		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30_		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	s _33_		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and	V.		1

BAA Form 990 (2009

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

ັ 23-73 52665 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 8 Information Returns, Enter -0- if not applicable 1Ь O **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? . 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 99 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2ь Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return? . . 3a . . b If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5Ь b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7Ь b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **q** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 98 a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: 10a

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from other members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

	10ь			
	11a			
:	11b			
f F	orm 1	041?	12a	_
	1 1			

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Form 990 (2009

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management	····			
		accounting Boay and Management			Yes	No
1	a Enter the	number of voting members of the governing body	1a 11			
	<b>b</b> Enter the	number of voting members that are independent.	<b>1b</b> 10	- [		
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relatives from trustee or key employee?	ationship with any other	2	х	
3	Did the o	rganization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		X
4		rganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?	,			
5	Did the o	rganization become aware during the year of a material diversion of the organization	's assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7	Does the governing	organization have members, stockholders, or other persons who may elect one or m g body? $\dots$	nore members of the	7a		Х
	Are any	decisions of the governing body subject to approval by members, stockholders, or oth	ner persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions underlying.	taken during the year by		-	
	The gove	erning body?		8a	X	
1	Each con	nmittee with authority to act on behalf of the governing body?		8Ь	Х	
9	ls there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who can tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		Х
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Interna	1		
Rev	enue Code	•)				
10.	. D	annanimahan harri lasal ahardan. kannahan an affiliata 2	г	10.	Yes	No
		organization have local chapters, branches, or affiliates?		10a		<u>X</u>
	and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	<u> </u>	10Ь		
		organization provided a copy of this Form 990 to all members of its governing body be	F	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE O	10.	v	
		organization have a written conflict of interest policy? If 'No,' go to line 13	hat anuld anyonia	12a	Х	
	to conflic		-	12ь	Х	
•	Schedule	organization regularly and consistently monitor and enforce compliance with the poli- O how this is done.	cy/ If 'Yes,' describe in	12c	_X_	
13	Does the	organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?	ļ	14	Х	
15	Did the p persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion			
		nization's CEO, Executive Director, or top management official?	Ĺ	15a	Х	
ŀ		cers of key employees of the organization? SEE SCHEDULE 0	<u> </u>	15Ь	X	··········
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions)		I		
16		rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		X
ı	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard t th respect to such arrangements?		16ь		
Sec		Disdosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed  NONE				
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and n. Indicate how you make these available. Check all that apply.  website $X$ Another's website $X$ Upon request	d 990-T (501(c)(3)s only) avail	able f	or put	olic
10			ents conflict of interact nation	and	finan	n al
		in Schedule O whether (and if so, how) the organization makes its governing documits available to the public. SEE SCHEDULE O				Jal
		CLAIR 1 CIRCUS ROAD, GREENSBORO, VT 05841 802-533-				

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (c) Œ) **(F)** Position (check all that apply) Name and Title Average Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated hours per week amount of other Individual Institutional Office Highest compensation from the mployee director employee organization and related compensated trustee SEE SCHEDULE O FRED NANNI J DIRECTOR 2 X 0. 0 0. FRANCEY GRUND DIRECTOR 2 X 0. 0 0. TOM MCGRAIL DIRECTOR 2 X 0 0 0. JANE CULBERT TREASURER 2 X 0. 0 0. JANE FISHER X SECRETARY 2 X 0. 0 0. LINDA SHRIER SCHIFFER 2 X X VICE PRESIDENT 0 0 0. SHELLEY GLASSNER X DIRECTOR 2 0 0 0. ELINOR ROSS DIRECTOR 2 Х 0. 0 0. DEBORAH STEIN SHARPE 2 X PRESIDENT 0. 0 0. PAM REYNOLDS DIRECTOR 2 Х 0. 0 0. DICK REYNOLDS DIRECTOR X 0 0 0. ED LECLAIR EXECUTIVE DIREC 40 Х 52,619 0. 13,777. DAN MIKO X **BUSINESS MANAGE** 40 28,268 0. 3,911. ROB MERMIN FOUNDER X 33,000 0 0.

Average hours per week of not be to be a first of the best of the	nated of other mesation in the misation related zations
Name and Title Average Position (check all that apply) Reportable Reportable Est hours	nated of other ensation in the inzation related
hours compensation from compensation from amount	of other ensation in the inzation related
	7,688.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable competer from the organization 0	nsation
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from	X
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5	<u>x</u> _
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
compensation from the organization.	
(A) Name and business address  (B) Description of Services Compen	sation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0	

Part VIII Statement of Revenue (C) Unrelated **(D)** (A) Related or Total revenue Revenue exempt excluded from tax business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a **b** Membership dues 1Ь c Fundraising events ... .. 1 c d Related organizations .... 1d • Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1f 373,811 2,274 g Noncash contribns included in Ins 1a-1f: h Total. Add lines 1a-1f ... 373,811 PROGRAM SERVICE REVENUE **Business Code** 2a TUITION 549<u>, 293</u> 711190 549,293. b TICKET SALES 711190 395,143 395,143. c PRESENTER FEES 711190 307,454 307,454 d RESIDENCIES 711190 54,423 54,423. SHOW SPONSORS 711190 3,050 3,050. f All other program service revenue g Total, Add lines 2a-2t 1,309,363 Investment income (including dividends, interest and other similar amounts). 480 480 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of 1,830 assets other than inventory **b** Less cost or other basis 325 and sales expenses. c Gain or (loss). 505 d Net gain or (loss) 1,505. 1,505 8a Gross income from fundraising events **DTHER REVENUE** (not including. \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 181,872. b Less: cost of goods sold. 63,966. c Net income or (loss) from sales of inventory 117,906. 117,906. Miscellaneous Revenue Business Code 11a MISCELLANEOUS 102 102 d All other revenue e Total. Add lines 11a-11d 102. 12 Total Revenue. See instructions 1,803,167. 311,450 0 117,906.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete	columns (B), (C), and (D).
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Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				CAPCITISCS
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				•••••••••••••••••••••••••••••••••••••••
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				***************************************
5	Compensation of current officers, directors, trustees, and key employees	80,887.	27,502.	38,017.	15,368.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	639,734.	525,318.	54,215.	60,201.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			31/213.	00,201.
9	Other employee benefits	60,017.	43,386.	8,662.	7,969.
10	Payroll taxes	71,063.	57,888.	7,532.	5,643.
11	Fees for services (non-employees)				
:	Management				
ı	Legal				
•	Accounting				
•	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees.				
9	Other	114,802.	95,610.	5,498.	13,694.
12	Advertising and promotion.	59,388.	51,998.		7,390.
13	Office expenses	21,678.	14,454.	5,065.	2,159.
14	Information technology	27,641.	24,787.	1,728.	1,126.
15	Royalties				
16	Occupancy	20,504.	17,560.	2,159.	785.
17	Travel	25,439.	16,263.	3,605.	5,571.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<del>-</del>
19	Conferences, conventions, and meetings				
20	Interest	15,970.		15,970.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,381.	51,837.	14,544.	
	Insurance	62,339.	55,746.	4,445.	2,148.
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PARTICIPANTS FOOD AND LODGING	133,085.	133,085.		
b	VEHICLE EXPENSES	115,162.	113,037.	755.	1,370.
c	PRODUCTION SUPPLIES	107,375.	98,953.		8,422.
d	SERVICE CHARGES	56,462.	51,962.	3,786.	714.
е	STAFF EXPENSES	8,464.	5,490.	976.	1,998.
f	All other expenses	3,264.	3,081.	183.	
	Total functional expenses. Add lines 1 through 24f	1,689,655.	1,387,957.	167,140.	134,558.
	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				<del></del>	Form <b>990</b> (2009)

Part A	Balance Sheet		,	
	•	(A) Beginning of year		<b>(B)</b> End of year
1	Cash — non-interest-bearing	27,894.	1	125,766.
2	Savings and temporary cash investments	2,443.	2	55,679.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	177,685.	4	<u>392,410.</u>
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
<u> </u>	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	·····
\$ 7 \$ 8	Notes and loans receivable, net		7	- ·
Ĕ   8	Inventories for sale or use	30,116.	8	27,610.
s   9	Prepaid expenses and deferred charges .		9	
10:	Land, buildings, and equipment: cost or other basis. 10a 1,097,463. Complete Part VI of Schedule D			
1	Less: accumulated depreciation 10b 555, 577.	565,799.	10 c	541,886.
11	Investments – publicly-traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	·
13	Investments – program-related. See Part IV, line 11	-	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	<del></del>	15	
16	Total assets. Add lines 1 through 15 (must equal line 34).	803,937.	16	1,143,351.
17	Accounts payable and accrued expenses .	47,109.	17	32,303.
18	Grants payable	·	18	
19	Deferred revenue	191,298.	19	477,395.
¦ 20	Tax-exempt bond liabilities.	· · · · · · · · · · · · · · · · · · ·	20	
Å 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
<u>i</u>	of Schedule L		22	
<b>5</b> 23	Secured mortgages and notes payable to unrelated third parties	217,083.	23	204,171.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	32,477.	25	
26	Total liabilities. Add lines 17 through 25	487,967.	26	713,869.
Ņ	Organizations that follow SFAS 117, check here ► X and complete lines			
ן ל	27 through 29 and lines 33 and 34.			
§ 27	Unrestricted net assets	315,970.	27	429,482.
E I 20	Temporarily restricted net assets		28	
§ 29	Permanently restricted net assets .		29	
R	Organizations that do not follow SFAS 117, check here ► and complete			
E	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, and equipment fund		31	
ີ 32	Retained earnings, endowment, accumulated income, or other funds		32	
31 32 33 34	Total net assets or fund balances.	315,970.	33	429,482.
š 34	Total liabilities and net assets/fund balances.	803,937.	34	1,143,351.
BAA				Form <b>990</b> (200

Part XI Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2Ь **b** Were the organization's financial statements audited by an independent accountant? . c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: both consolidated and separate basis consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х Audit Act and OMB Circular A-133? 3a If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit **b** or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

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#### SCHEDULE A (Form 990 or 990-EZ)

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Total

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate Instructions.

THE CIRCUS BARN, INC. DBA CIRCUS SMIRKUS 23-7352665 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: (For lines 1 through 11, check only one box.) 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ 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) X 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type II Type III - Functionally integrated Type III- Other 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). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify (i) Name of Supported (ii) FIN (III) Type of organization (Iv) is the (vi) is the (VII) Amount of Support organization in col (i) of ganization in colorganized in the US? anization in col I listed in your Organization (described on lines 1.9 above or IRC section (see instructions)) your support? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check						ハ・ハイ	()(VI)	
Sec	tion A. Public Support	T							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Tot	tal
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.								
	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-through 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	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tot	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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	<b>Total support.</b> Add lines 7 through 10			<u>.</u>				-	
12	Gross receipts from related activi	ties, etc. (see ins	structions).				12		
	First five years. If the Form 990 is organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	)	▶ □
	tion C. Computation of Pu								
	Public support percentage for 200		• •	e 11, column (f)			14		%
	Public support percentage from 2					•	15		%_
16 a	<b>33-1/3 support test</b> — <b>2009.</b> If the and <b>stop here.</b> The organization of	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1.	/3 % or mor	e, che	ck this box	<b>-</b>
b	<b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization of	organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or moi	e, che	eck this box	<b>-</b>
17a	10%-facts-and-circumstances tes or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-a	ind-circumstances	' test, check this l	pox and <b>stop here</b>	. Explain in	Part IN	/ how	<b>-</b>
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a I-circumstances'	ind-circumstances test. The organiz	test, check this lation qualifies as	box and <b>stop here</b> a publicly support	. Explain in ted organiza	Part I\ tion.	/ how the	▶
	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	s box and se	e inst	ructions	<b>▶</b>
BAA					S	chedule A (F	orm 9	90 or 990.F	7) 2009

# Schedule A (Form 990 or 990-EZ) 2009 THE CIRCUS BARN, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

500			ne 9 of Part I.)				
Jec	tion A. Public Support		10 3 01 7 01 1.1.)				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	459,898.	336,033.	357,646.	565,055.	371,537.	2,090,169.
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	37,194.		1,392,142.	1,356,072.		5,566,770.
3	Gross receipts from activities that are not an unrelated trade or business under section 513			)			0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	497,092.	1,690,126.	1,749,788.	1,921,127.	1,798,806.	7,656,939.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the					_	
	year	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b	0.	0.	0.	0.	_0.	0.
8	<b>Public support</b> (Subtract line 7c from line 6.)						7,656,939.
Sec	tion B. Total Support	L	L		<u> </u>		1,030,939.
	ndar year (or fiscal yr beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	497,092.	1,690,126.	1,749,788.		1,798,806.	7,656,939.
_	Gross income from interest, dividends, payments received				1, 301, 12.	17,130,000.	1,000,000.
	on securities loans, rents, royalties and income form similar sources		2 246	2 122	1 625	400	7 402
	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		2,246.	3,122.	1,635.	480.	7,483.
c	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	0.	2,246. 2,246.	3,122. 3,122.	1,635. 1,635.	480.	0. 7,483.
11 12	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.					0.
11 12	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV Total support. (add ins 9, 10c, 11, and 12)		2,246.	3,122.	1,635. 990.	480. 1,607.	0. 7,483. 0. 2,597. 7,667,019.
11 12 13 14	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and	s for the organiza stop here	2,246.	3,122.	1,635. 990.	480. 1,607.	0. 7,483. 0. 2,597. 7,667,019.
11 12 13 14 Sec	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and	s for the organiza stop here <b>blic Support</b>	2,246.  2,246.  tion's first, second	3,122.	1,635. 990.	1, 607 - a section 501(c)(3)	0. 7,483. 0. 2,597. 7,667,019.
11 12 13 14 Sec	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	s for the organiza stop here <b>blic Support</b> 09 (line 8, column	2,246.  tion's first, second  Percentage  (f) divided by line	3,122.	1,635. 990.	1, 607. a section 501(c)(3)	0. 7,483. 0. 2,597. 7,667,019. ►□
11 12 13 14 Sec 15 16	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV  Total support. (add in 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu  Public support percentage from 20.	s for the organiza stop here <b>blic Support</b> 09 (line 8, column 2008 Schedule A,	2,246.  tion's first, second  Percentage  (f) divided by line Part III, line 15	3, 122.  1, third, fourth, or 13, column (f)	1,635. 990.	1, 607 - a section 501(c)(3)	0. 7,483. 0. 2,597. 7,667,019.
11 12 13 14 Sec 15 16 Sec	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2	s for the organiza stop here <b>blic Support</b> 09 (line 8, column 2008 Schedule A, <b>/estment Inco</b>	2,246.  tion's first, second  Percentage  (f) divided by line Part III, line 15  me Percentage	3, 122.  d, third, fourth, or  13, column (f))	990.	1, 607. a section 501(c)(3) 15 16	0. 7,483. 0. 2,597. 7,667,019. ►□ 99.9%
11 12 13 14 Sec 15 16 Sec	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 Tion D. Computation of Investment income percentage for	s for the organiza stop here  blic Support 09 (line 8, column 2008 Schedule A, vestment Inco	2, 246.  tion's first, second  Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	3, 122.  d, third, fourth, or  13, column (f))	990.	1, 607.  1 section 501(c)(3)  15 16	0. 7,483. 0. 2,597. 7,667,019. ►□ 99.9% 99.9%
12 13 14 Sec 15 16 Sec 17 18	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2	s for the organiza stop here  blic Support 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, om 2008 Schedule e organization did	2, 246.  2, 246.  Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line in not check the bo	3, 122.  d, third, fourth, or  13, column (f))  16  1 by line 13, column  17  17  18  2x on line 14, and	990. In (f))	1, 607.  1, 607.  a section 501(c)(3)  15  16  17  18  nan 33-1/3%, and	0. 7,483.  0. 2,597. 7,667,019.  ▶ □ 99.9%  99.9%  0.1% 0.1%
12 13 14 Sec 15 16 Sec 17 18 19a	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from 2  Public support percentage from 2  Tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	s for the organiza stop here  blic Support  99 (line 8, column  2008 Schedule A,  yestment Inco  or 2009 (line 10c,  om 2008 Schedul  e organization did  ex and stop here.  e organization did  e organization did	2,246.  2,246.  Percentage  (f) divided by line Part III, line 15  me Percentage  column (f) divided e A, Part III, line d not check the bo The organization d not check a box	3, 122.  d, third, fourth, or  13, column (f))  1by line 13, column  17  17  18  20  21  21  21  21  22  23  24  25  26  27  27  28  29  20  20  20  20  20  20  20  20  20	990.  fifth tax year as an (f))  line 15 is more the olicly supported or and line 16 is more and line 16 is more than 15 is mo	1, 607.  1, 607.  15  16  17  18  18  19  19  19  19  19  19  19  19	0. 7,483.  0. 2,597. 7,667,019.  ▶ □  99.9%  99.9%  0.1%  0.1%  ine 17 is not ► ▼

Schedule A	(roim 990 or 9:	3U·EZ) 2009 I	TE CIKCOS I	DARN, INC.		23-	1332003	ray <del>e 4</del>
Part IV	Supplement Part II, line	t <b>al Informatio</b> 17a or 17b; or	n. Complete ti	his part to pro 12. Provide a	ovide the expla	anation required ional informatio	l by Part II, lin n. See instruc	e 10; tions.
<del></del>		<u> </u>	<u></u>	•				<del></del>
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				· <b></b>				
			·					
			<del>-</del>					

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DE	E CIRCUS BARN, INC. A CIRCUS SMIRKUS			23-7352665	
		or Advised Funds or Other Similar Fu	nds or Ac		te if
L=_==	the organization answered 'Yes'	to Form 990, Part IV, line 6.	1143 01 7(0	oounts compic	10 11
		(a) Donor advised funds	<b>(b)</b> F	unds and other acc	ounts
1	Total number at end of year	1			
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in don to the organization's exclusive legal control?	or advised	Yes	∏ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for to purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or for a fit??	may be ny other	Yes	□No
Pa		ete if the organization answered 'Yes'	to Form 9	990. Part IV. line	<u> </u>
	Purpose(s) of conservation easements held by		10 1 0.111 3	, <u>, , , , , , , , , , , , , , , , , , </u>	
	Preservation of land for public use (e.g., r		f an historica	ally important land a	area
	Protection of natural habitat	Preservation o		- '	
	Preservation of open space				
2		on held a qualified conservation contribution in the	ne form of a	conservation easen	nent on the
				Held at the End of	f the Year
1	Total number of conservation easements.		2a		
1	Total acreage restricted by conservation easer	ments	. 2b		
(	c Number of conservation easements on a certif	ied historic structure included in (a)	2c		
•	d Number of conservation easements included ii	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the org	anization during the	tax
	year ►				
4	Number of states where property subject to co	nservation easement is located 🕨	_		
5	and enforcement of the conservation easemer			tions,	No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation easen	nents -		
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easements	\$ _		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in its revenue and o the organization's financial statements that de	expense sta scribes the o	itement, and balanc organization's accou	e sheet, and inting for
Pai		ections of Art, Historical Treasures, o	r Other Si	milar Assets	
	Complete if the organization ans	swered 'Yes' to Form 990, Part IV, line	8.		
1 2		SFAS 116, not to report in its revenue statement ic exhibition, education, or research in furtherant ints that describes these items.			
ì		SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtherar			
	(i) Revenues included in Form 990, Part VIII,	line 1.		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			. •\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items.	r financial ga	ain, provide the follo	wing
	a Revenues included in Form 990, Part VIII, line	1.		<b>►</b> \$	
ŀ	Assets included in Form 990, Part X			<b>&gt;</b> \$	

Schedule D (Form 990) 2009 THE	CIRCUS BAI	RN, INC.		23-735	2665	Page 2	
Part III Organizations Mainta	ining Colle	ctions of Art, His	torical Treasures,	or Other Similar As	ssets (con	tinued)	
3 Using the organization's acquisiting items (check all that apply):	on accession a	and other records, che	ck any of the following t	hat are a significant use	of its collect	tion	
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	ations	_					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.							
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or re ather than to b	eceive donations of ar e maintained as part o	t, historical treasures, o of the organization's coll	r other sımılar lection?	Yes	No	
Part IV Escrow and Custodia 9, or reported an amount	al Arrangem ount on Forn	ents Complete if n 990, Part X, line	organization answee 21.	ered 'Yes' to Form	990, Part	IV, line	
1a is the organization an agent, trus included on Form 990, Part X?		or other intermediary		er assets not	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV an	d complete the follows	ng table:		_	_	
					Amount	_	
<b>c</b> Beginning balance				1c			
<b>d</b> Additions during the year	•			1 d			
<ul> <li>Distributions during the year</li> </ul>		• •		1e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form	n 990, Part X, line 21?	•		Yes	No	
<b>b</b> If 'Yes,' explain the arrangement							
Part V   Endowment Funds Co	mplete if or	ganization answe	red 'Yes' to Form 9	990, Part IV, line 10	)		
	(a) Current ye	ear <b>(b)</b> Prior yea	ar (c) Two years bac	k (d) Three years back	(e) Four y	ears back	
<b>1a</b> Beginning of year balance							
<b>b</b> Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>					`		
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the year er	nd balance held as:					
a Board designated or quasi-endov	vment ►	<b>%</b>					
<b>b</b> Permanent endowment ►							
c Term endowment ►	——8						
3a Are there endowment funds not in	n the possession	on of the organization	that are held and admir	istered for the			
organization by:	•	J			Yes	s No	
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ıı), are the related o					3b		
4 Describe in Part XIV the intended							
Part VI  Investments—Land, B				X, line 10.			
Description of investment	(	a) Cost or other basis (investment)	basis (other)	(c) Accumulated Depreciation	(d) Book		
1a Land	<u> </u> _	·	92,900.	1 10 0 0		2,900.	
<b>b</b> Buildings	<u> </u>	<del></del>	361,661.	63,758.	29	7,903.	
c Leasehold improvements	L	<del></del>					
<b>d</b> Equipment .	L		642,902.	491,819.	15	1,083.	
e Other							
otal. Add lines 1a through 1e (Column	า (d) must equa	al Form 990, Part X, co	olumn (B), line 10(c) )	<b>•</b>	54	1,886.	
BAA				Schee	dule <b>D</b> (Form	990) 2009	

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 THE CIRCUS BARN,	INC.	2	3-7352665 Page <b>3</b>
Part VII Investments—Other Securities See F	Y		
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	Cost or end-of-y	of valuation ear market value
Financial derivatives			
Closely-held equity interests		····	
Other			
		. <del>_</del>	
		<del></del>	
<b>TIL 07</b>			<del></del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	Form 000 Part V II-a 1	2) 17/3	
Part VIII Investments—Program Related (See (a) Description of investment type	(b) Book value		of valuation
da Description of Investment type	(b) Book value	(c) Method Cost or end-of-ye	or valuation ear market value
<del></del>			
		·	
			· <del>-</del> · · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,			
<b>(a)</b> De	scription	· · · · · · · · · · · · · · · · · · ·	<b>(b)</b> Book value
	<del> </del>		
·			
T-11 (0.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1	4 173		
Total. (Column (b) must equal Form 990, Part X, col (B), line Part X Other Liabilities (See Form 990, Part		<del></del>	<u> </u>
(a) Description of Liability	(b) Amount	· · · · · · · · · · · · · · · · · · ·	
Federal Income Taxes	(D) / iiiiodi ii		
			:
			•
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
EIN 49 Ecotosta In Port VIV provide the tout of the feets			

Sche	dule D (Form 990) 2009 THE CIRCUS BARN, INC.	3-735	2665	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	, 733	2003	rage <del>-</del>
	Total revenue (Form 990, Part VIII, column (A), line 12)	$\neg$	1 80	03, 167.
	Total expenses (Form 990, Part IX, column (A), line 25)	·		39, 655.
	Excess or (deficit) for the year. Subtract line 2 from line 1	1		13,512.
	Net unrealized gains (losses) on investments	·		20/0221
	Donated services and use of facilities	· t		
	Investment expenses	·		
	Prior period adjustments	· · ·	<del></del>	
	Other (Describe in Part XIV)	· · · ·	<del></del>	
	Total adjustments (net). Add lines 4 through 8	ľ		<del></del>
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	··· }	1.	13,512.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per l	Return		
	Total revenue, gains, and other support per audited financial statements .	1		57,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		······································	÷
а	Net unrealized gains on investments.			
b	Donated services and use of facilities . 2b	1 1		
С	Recoveries of prior year grants	1 1		
d	Other (Describe in Part XIV) SEE PART XIV 2d 63, 966.	1 1		
е	Add lines 2a through 2d	7 2e	(	53,966.
3	Subtract line 2e from line 1	3		3,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	1		
C	Add lines 4a and 4b	4c		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,80	03,167.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn		
1	Total expenses and losses per audited financial statements	1	1,75	3,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	] [		
b	Prior year adjustments . 2b	] ]		
	Other losses	] ]		
d	Other (Describe in Part XIV) SEE PART XIV 2d 63,966.	] [		
e	Add lines <b>2a</b> through <b>2d</b>	2e		53,966.
3	Subtract line 2e from line 1	3	1,68	39,655.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b	1 1		
b	Other (Describe in Part XIV)	] ]		
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	1,68	39,655.
Part	XIV   Supplemental Information			
Comp line 4; inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par lation	lines 1b	o and 2b; Pa vide any add	rt V, ditional
- <b>-</b> -				

Schedule <b>D</b>	(Form 990) 2009 THE CIRCUS BARN, INC.	23-7352665	Page <b>5</b>
Part XIV	Supplemental Information (continued)		
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	·		
			<b>-</b> .
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2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

THE CIRCUS BARN, INC. DBA CIRCUS SMIRKUS

23-7352665

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD ..

TOTAL \$ 63,966.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOOD SOLD

TOTAL \$ 63,966.

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CIRCUS BARN, INC

Employer Identification number 23-7352665

	#K1   Quesuons Regarding Compensation			
			Yes	No
1	<b>a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Pai VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ત [		
	First-class or charter travel Housing allowance or residence for personal use		Ċ	l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1ь		
2	! Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Χ_	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract	- 1		
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4a		Х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		_X
	<b>b</b> Any related organization?	5b		Χ
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	- 6а		X
	b Any related organization?	6ь		Χ
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958.6(c)?		İ	v

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

Schedule J (Form 990) 2009

THE CIRCUS BARN, INC.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J.1 if additional space is needed

Page 2

23-7352665

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ff) Bonus and incentive compensation	(III) Other compensation	compensation	benefits	(D)·(I)(B)	reported in prior Form 990 or
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	(E)						
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# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization THE CIRCUS BARN, INC.	Employer Identification number 23-7352665			
DBA CIRCUS SMIRKUS				
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT				
TWO BOARD MEMBERS ARE MARRIED TO EACH OTHER.				
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS				
990 IS REVIEWED BY MANAGEMENT AND THE BOARD FINANCE COMMITTEE IN DRAFT FORM BEFORE				
IT IS FINALIZED BY ACCOUNTANT.				
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES				
EXECUTIVE DIRECTOR SALARY IS SET BY THE BOARD VIA A PROCESS IN	WHICH COMPARABLE DATA			
FROM 2007 VERMONT NONPROFIT SALARY SURVEY FROM NOOMARK SERVICES	WAS USED. THE			
EXECUTIVE DIRECTOR WAS THEN ASKED TO SUGGEST A SALARY AMOUNT GIVEN THIS DATA, AND				
THE BOARD REVIEWED AND APPROVED THE AMOUNT, WHICH WAS BELOW AVERAGE BASED ON				
COMPARABLE DATA.				
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE				
990S ARE AVAILABLE AT GUIDESTAR.COM. OTHER GOVERNING DOCUMENTS	, POLICIES AND			
FINANCIAL STATEMENTS ARE AVALIABLE BY REQUEST FROM THE CIRCUS BARN OFFICE.				
FORM 990, PART VII - COMPENSATION EXPLANATION				
ROB MERMIN				
NONCOMPETE AGREEMENT, PURCHASE OF TRADEMARK, CIRCUS AMBASSADOR	FEE			

2009

### SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE CIRCUS BARN, INC. DBA CIRCUS SMIRKUS

23-7352665

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE 2009 2008 2007 2006 2005

TOTAL \$ 0. \$ 0. \$ 0. \$ 0. \$ 0.