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SCANINED NIM-01200

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 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 \$500,000 and total assets less than \$1,250,000 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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public **Inspection**

		2009 calend	ar vear	or tax year beginning , 2009, and ending			, 20		
_		1		C Name of organization		oloyer identification number			
	Check if ap	· ·	Please use IRS	-		26-1439235			
=	Address c Name cha	-	label or	Sunrise Theatre Foundation, Inc.					
$\overline{}$	Initial retu	-	print or type.	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E relet	E Telephone number			
	Terminate		See	117 S. 2nd Street		772-4	61-4884		
Ħ.	Amended return Specific Instruc- City or town, state or country, and ZIP + 4 F G						tion		
=		on pending	tions.	Fort Pierce, FL 34950	Nur	ımber ▶			
=			organia	ations and 4947(a)(1) nonexempt charitable trusts must attach G Acc	counting M	ethod: [4	Cash Accrual		
	• Seci	11011 301 (0)(3)	a cor	,	ner (specify		ousii 🗀 Moordai		
									
_						_	anization is not		
	Vebsit				•		dule B (Form 990,		
<u>J 1</u>	ax-exe	empt status (check o	nly one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 99(0-EZ, or 99	10-PF)			
K	Check •	If the	e organi	zation is not a section 509(a)(3) supporting organization and its gross receipts a	re normally	not more	than \$25,000. A		
	Form 99	90-EZ or Forn	n 990 re	turn is not required, but if the organization chooses to file a return, be sure to	file a comp	lete retur	1.		
LA	Add lines	s 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 9	990-EZ	> \$			
	art I			enses, and Changes in Net Assets or Fund Balances (See t		ctions fo	or Part I.)		
	1			s, grants, and similar amounts received		1	32,210		
	i			evenue including government fees and contracts		2			
	2					3			
	3		•	and assessments					
	4			e		4			
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a		↓			
	b	Less: cost	or othe	r basis and sales expenses					
	С	Gain or (lo	ss) fron	sale of assets other than inventory (Subtract line 5b from line 5a) .		5c			
ä	6	Special event	s and act	ivities (complete applicable parts of Schedule G) If any amount is from gaming, check h	ere▶ 🔲				
Revenue	a			ot including \$ of contributions					
	")	5,435				
~		•	1 1						
	b			nses other than fundraising expenses 6b		-	E 425		
	C		-	ss) from special events and activities (Subtract line 6b from line 6a).		6c	5,435		
	7a	Gross sale	s of inv	entory, less returns and allowances		4			
	b	Less: cost	of goo	ds sold					
	С	Gross prof	fit or (10	ss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u></u>		
	8	Other reve	nue (de	scribe ►)	8			
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	37,645		
	10			r amounts paid (attach schedule)		10	35,911		
	11			r for members		11			
S		•		mpensation, and employee benefits		12			
Se	12		13	1,500					
Expenses	13			and other payments to independent contractors		14			
×	14 5		-						
ш	'	Printing po	ribilicari	postage, and shipping		15	40.400		
	16	Other-expo	enses (c	see schedule attached)	16	10,103		
	17	Jotal expe	enses.	Add lines (athrough 16	<u> ▶</u>	17	47,514		
Ŋ	18			for the yeah Subtract line 17 from line 9)		18	(9, <u>869)</u>		
že	19	Net assets	or fun	d balance at beginning of year (from line 27, column (A)) (must ag	ree with				
Net Assets		end-of-year	in figure	reported on prior year's return)		19	57,572		
듩	20	Other char	OLIV 1003 in	net assets or fund balances (attach explanation)		20	0		
ž	21			d balances at end of year. Combine lines 18 through 20		21	47,703		
1	art II	Ralance	e Shee	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file	Form 990				
(See the instructions for Part II.) (A) Beginning of							(B) End of year		
				· ·			, ` ` ` 		
22		_		vestments		57,572 22			
23	23 Land and buildings					23			
24 Other assets (describe ►)						24			
2	5 To	otal assets			;	57,572 25	47,703		
20	6 To	otal liabilitie	s (desc	ribe ▶)		26	<u> </u>		
2	7 N	et assets or	fund b	palances (line 27 of column (B) must agree with line 21)		57,572 27	47,703		

· • • • • • • • • • • • • • • • • • • •						rage Z
	Statement of Program Service Accom			l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Provide cultural offerings to	students			ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar)(3) and 501(c)(4)
manı	ner, describe the services provided, the number of	of persons benefited, and c	ther relevant info	mation for		izations and section (a)(1) trusts, optional
each	program title.				for ot	
28	See attached schedule					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	282	
29						
	(Cronto C) If this amount	includes foreign grants, ob	ook horo		200	
30	(Grants \$) If this amount	includes foreign grants, cir	eck nere	· <u> </u>	ZJa	
30					1	
			•••••			
	(Grants \$) If this amount	includes foreign grants, ch	 ock hore	▶ □	302	
31					004	
٥.					31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		>	+	
32 Total program service expenses (add lines 28a through 31a)		tions for Part IV.)				
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address		(If not paid, enter -0)	employee benefit deferred compe	plans & nsation	account and other allowances
Bruc	e R Abernethy Jr	· ·				
	/irginia Ave Suite 202 Ft. Pierce FL 34982	Treasurer - 1 hour	o		0	0
	nne Dannahower					<u> </u>
	S. Indian River Dr. Ft Pierce, FL 34982	President - 3 hours	o		0	0
Michael K. Horowitz						
	Carolina Circle SW, Vero Beach, FL 32962	Director - nominal	o		0	0
	ard Hellstrom					
8824	Bally Bunion Rd., Port St. Lucie, FL 34986	Director - nominal	o		0	0
	and Heberen	-	-			
	NE Muskrat Rd, Port St. Lucie, FL 34986	Director - nominal	0		0	0
	Lloyd					
	NE 21st Ave, Jensen Beach, FL 34957	Director - nominal	0		0	0
	nh DeRoss					
3002	Twin Lakes Terrace, Ft. Pierce, FL 34946	Vice President - nominal	0		0	0
Patri	cia Alley	D'				
1062	5 Pine Cone Lane, Ft. Pierce FL 34945	Director - nominal	0		0	0
Mich	elle Miller-Morris					
8505	S. US 1, Port St. Lucie, FL 34952	Director - nominal	0		0	0
				,		
) If this amount includes foreign grants, check here ▶ □ 30a ram services (attach schedule)				

Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
· 33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 Did the organization file Form 1120-POL for this year?	37b		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	*	✓
41	List the states with which a copy of this return is filed. ▶ Florida			
42a	The organization of books are in our of the second	72-48		1
_	Located at ► 500 Virginia Ave., Suite 202, Fort Pierce, FL ZIP + 4 ►	349	82	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	l NI a
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		res	NO /
	If "Yes," enter the name of the foreign country: ▶	42b		V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
			Ver	I NJ -
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	NO
44	Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		V
				

Page	4

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt charrend 51.	xempt charitat table trusts mus	ole trusts only. A st answer question	II sec ons 46	tion 5–491	<u> </u>
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		√
	Did the organization engage in lobbying activitie				47		<u>/</u>
	Is the organization a school as described in section				48		-/-
	Did the organization make any transfers to an ex		=		49a 49b		
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi employees) who each received more than \$100,	ighest compensated emplo	yees (other than the organization.	officers, directors,	truste	es an one."	d key
	(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)	Expension allows	se ind
NONE							
	Total number of other employees paid over \$100						
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Co	mpensa	ation
NONE							
							
d	Total number of other independent contractors of	each receiving over \$100,00	00▶	· <u> </u>			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompan n of preparer (other than officer) is b	ying schedules and sta ased on all information	atements, and to the bes	st of my any kno	knowl	edge e
Sign Here	Signature of officer	Date			210)	
	Bruce R Abernethy, Jr, Treasurer, Director Type or print name and title	or					
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying number (See instructions)			
Use On	I Firm Siname to:						
May th	e IRS discuss this return with the preparer show	n above? See instructions		▶ [Yes		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 1439235 Sunrise Theatre Foundation, Inc. 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.) 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.) A hospital or a 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 name, city, and state: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % 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 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support col (i) of your above or IRC section. governing document? (i) organized in the US? (see instructions)) support? Yes Yes Yes No No No

Total

Pa	Support Schedule for Org (Complete only if you chec	j <mark>anizations</mark> ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	• •					
Ca	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				91,962	32,210	124,172
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		<u></u>				
4	Total. Add lines 1 through 3		 		91,962	32,210	124,172
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			•			
6	Public support. Subtract line 5 from line 4.						124,172
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				91,962	32,210	124,172
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		W 2000 (20 1 1 2 4 2	77 400 0 5	> > > > > > > > > > > > > > > > > > > >		
11	Total support. Add lines 7 through 10 .	. 8			* 100		124,172
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3) ► 🗾
Sec	tion C. Computation of Public Su	L.					
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))		14	<u>%</u> _
15	Public support percentage from 2008 Sci	-	-			15	<u> %</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33% % support test—2008. If the organization qua					33½ % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here bly supported org	Explain in Part (ganization .	V how the ▶ □

Schedule A (Form 990 or 990-EZ) 2009



Sunrise Theatre Foundation, Inc. EIN: 26-1439235

Attachment to 2009 990-EZ

Part I -	Line 16 - Other Expenses	
Item	Description	Amount
1	Annual report fees to Florida Division of Corporations (2008 and 2009)	\$ 297.50
2	Fees paid to Grantwriting consultant	\$ 2,800 00
3	Web-site maintenance fee	\$ 125.00
4	Purchase 3 "artist signed" guitars for auction items	\$ 6,000.00
5	Purchase Main Street art work for auction items	\$ 880.00
	TOTAL:	\$ 10,102.50

Sunrise Theatre Foundation, Inc. EIN: 26-1439235

Attachment to 2009 990-EZ

Part III	- Exempt Purpose Activities	
Item	Description	Amount
1	Grant to support capital construction of the Sunrise Black Box	\$ 20,000.00
	Theatre facility, operated as a sub-facility of the Sunrise Theatre.	
	Provided in support of Sunrise Theatre capital structure development	
2	Paid for transportation expenses to bus students to various "school	\$ 8,053 69
	time performances" at the Sunrise Theatre Paid to public school	
	districts based upon actual costs incurred. Approximately 5,000	
	students were transported to the performances that were offered	
	as an educational experience at no cost to the students.	
3	Grant to Wendy Chen, a classical pianist who performed a program	\$ 5,000.00
	in support of classical music free of charge to the public	
	Approximately 500 attendees	
4	Missoula summer-camp. Provided summer camp program and	\$ 2,857.28
	activities to approximately 300 students	
	TOTAL:	\$ 35,910.97