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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization

THE NORTHERN STAR THEATRE COMPANY

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

104 SOUTH MAIN

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

RICE LAKE, WI 54868

D Employer identification number

39-1895595

E Telephone number

715-736-4444

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) _____

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 89,897.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Expenses SCANNED APR 09 2010

Net Assets

1	Contributions, gifts, grants, and similar amounts received	1	21,741.
2	Program service revenue including government fees and contracts	2	59,035.
3	Membership dues and assessments	3	
4	Investment income	4	295.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1).	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances STMT 6	7a	8,781.
b	Less: cost of goods sold	7b	7,573.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,208.
8	Other revenue (describe <u>INTEREST INCOME</u>)	8	45.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	82,324.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	556.
14	Occupancy, rent, utilities, and maintenance	14	12,825.
15	Printing, publications, postage, and shipping	15	3,720.
16	Other expenses (describe <u>SEE STATEMENT 1</u>)	16	70,141.
17	Total expenses. Add lines 10 through 16	17	87,242.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,918.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	139,978.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-77.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	134,983.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,050.	8,084.
23 Land and buildings	217,632.	210,343.
24 Other assets (describe <u>OTHER DEPRECIABLE ASSETS</u>)	17,360.	13,986.
25 Total assets	249,042.	232,413.
26 Total liabilities (describe <u>NOTES PAYABLE</u>)	109,064.	97,430.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,978.	134,983.

932171-02-08-10

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

Form 990-EZ (2009)

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Part V 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
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 X		
c 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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed. WI		
42a The organization's books are in care of LUANN SEEMANN Telephone no. 715-736-4444 Located at 104 SOUTH MAIN, RICE LAKE, WI ZIP + 4 54868-0765		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Luann Seemann</i>		Date 3/14/2010	
	Type or print name and title LUANN SEEMANN, TREASURER			
Paid Preparer's Use Only	Preparer's signature VICTORIA CHIDO, CPA	Date 03/06/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WIPFLI LLP 515 NORTH MAIN STREET RICE LAKE, WI 54868			EIN 715.234.9400

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

☒ Yes ☐ No

Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 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.")	28,593.	24,770.	26,531.	17,828.	21,741.	119,463.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67,019.	92,638.	78,065.	76,610.	67,816.	382,148.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	95,612.	117,408.	104,596.	94,438.	89,557.	501,611.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						501,611.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	95,612.	117,408.	104,596.	94,438.	89,557.	501,611.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,345.	1,501.	1,880.	479.	340.	5,545.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,345.	1,501.	1,880.	479.	340.	5,545.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	96,957.	118,909.	106,476.	94,917.	89,897.	507,156.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.91 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.72 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.09 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.28 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	BUILDINGS CONCRETE WORK	06/15/01	SL	20.00	HY17		2,029.				2,029.	758.		101.	859.
7	SIGNS	03/08/01	SL	10.00	HY17		2,755.				2,755.	2,070.		276.	2,346.
8	IMPROVEMENTS	06/15/01	SL	20.00	HY17		4,746.				4,746.	1,778.		237.	2,015.
13	LAND	11/30/03	L		HY		50,000.				50,000.			0.	
14	BUILDING	11/30/03	SL	39.00	MM17		106,449.				106,449.	13,986.		2,729.	16,715.
39	IMPROVEMENTS	01/01/04	SL	39.00	MM17		40,936.				40,936.	5,206.		1,050.	6,256.
64	RENOVATIONS	06/30/05	SL	20.00	HY17		17,102.				17,102.	2,993.		855.	3,848.
75	CARPETING	06/30/05	SL	7.00	HY17		3,660.				3,660.	1,830.		523.	2,353.
76	COUNTERTOP	05/25/05	SL	7.00	HY17		200.				200.	101.		29.	130.
88	SEATING ELEVATION	06/30/06	SL	7.00	HY17		842.				842.	300.		120.	420.
101	INSULATE CEILING	01/14/07	SL	39.00	MM17		8,092.				8,092.	406.		207.	613.
102	CARPETING	02/25/07	SL	7.00	HY17		5,740.				5,740.	1,230.		820.	2,050.
103	TICKET BOOTH REMODEL	05/20/07	SL	7.00	HY17		407.				407.	87.		58.	145.
104	REPLACE WINDOWS	06/17/07	SL	39.00	MM17		4,180.				4,180.	165.		107.	272.
105	REMODEL DRESSING ROOMS	07/29/07	SL	7.00	HY17		851.				851.	183.		122.	305.
106	SIDEWALK REPLACE	08/09/07	SL	15.00	HY17		818.				818.	82.		55.	137.
	* 990-EZ PG 1 TOTAL BUILDINGS						248,807.				248,807.	31,175.		7,289.	38,464.

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

my

2009 DEPRECIATION AND AMORTIZATION REPORT

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990-EZ

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	PIANO	12/01/00	SL	7.00		HY17	2,000.				2,000.	2,000.		0.	2,000.
2	ARTIFICIAL XMAS TREE	12/01/00	SL	7.00		HY17	500.				500.	500.		0.	500.
5	LIGHTING	11/03/00	SL	10.00		HY17	23,907.				23,907.	20,323.		2,391.	22,714.
9	FOLDING CHAIRS	06/13/01	SL	7.00		HY17	3,394.				3,394.	3,394.		0.	3,394.
10	PLATFORMS	06/13/01	SL	10.00		HY17	9,891.				9,891.	7,418.		989.	8,407.
12	SOUND EQUIPMENT	10/05/01	SL	7.00		HY17	120.				120.	120.		0.	120.
25	CHURCH SEATING SYSTEM	03/12/01	SL	7.00		HY17	7,976.				7,976.	5,695.		0.	5,695.
26	KEYBOARD	05/20/04	SL	7.00		HY17	1,145.				1,145.	738.		164.	902.
27	DELL LAPTOP	05/30/04	SL	5.00		HY17	1,487.				1,487.	1,337.		150.	1,487.
28	TABLES	11/05/04	SL	7.00		HY17	1,074.				1,074.	689.		153.	842.
50	LIGHTING	08/23/05	SL	7.00		HY17	159.				159.	80.		23.	103.
51	LAPTOP COMPUTER	08/11/05	SL	5.00		HY17	1,444.				1,444.	1,011.		289.	1,300.
52	TICKETING SOFTWARE	03/18/05	SL	3.00		HY17	1,240.				1,240.	1,240.		0.	1,240.
53	POPCORN POPPER	01/14/05	SL	7.00		HY17	100.				100.	49.		14.	63.
87	MOBILE TOOL CART	04/01/06	SL	7.00		HY17	316.				316.	112.		45.	157.
99	KEYBOARD	05/13/07	SL	7.00		HY17	543.				543.	117.		78.	195.
100	10 MICROPHONES	06/06/07	SL	7.00		HY17	2,330.				2,330.	499.		333.	832.

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
107	HAZING MACHINE	02/29/08	SL	7.00	HY17	1,673.					1,673.	120.		239.	359.
108	WIRELESS MICROPHONES	03/12/08	SL	7.00	HY17	548.					548.	39.		78.	117.
109	KEYBOARD	03/30/08	SL	7.00	HY17	1,800.					1,800.	129.		257.	386.
110	PRINTER	05/02/08	SL	5.00	HY17	591.					591.	59.		118.	177.
111	COMPUTER	10/19/08	SL	5.00	HY17	879.					879.	88.		176.	264.
112	WIRELESS MICROPHONES	11/12/09	SL	7.00	MC19C	2,163.					2,163.			39.	39.
	* 990-EZ PG 1 TOTAL					65,280.					65,280.	45,757.		5,536.	51,293.
	FURNITURE & FIXTURES					314,087.					314,087.	76,932.		12,825.	89,757.
	* GRAND TOTAL 990-EZ PG 1 DEPR														

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PRODUCTION EXPENSES		16,780.	
UTILITIES		13,287.	
ADVERTISING		10,877.	
REPAIR & MAINTENANCE		2,449.	
PROFESSIONAL / MUSICIAN		4,100.	
PROPERTY TAXES		4,325.	
SALES TAX		3,694.	
INSURANCE		2,629.	
BANK & CREDIT CARD FEES		1,538.	
LICENSES & DUES		515.	
MISCELLANEOUS		5.	
SUPPLIES		689.	
INTEREST		7,251.	
TELEPHONE		1,325.	
SCHOLARSHIP		600.	
50% MEALS & ENTERTAINMENT		77.	
TOTAL TO FORM 990-EZ, LINE 16		70,141.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
50% OF MEALS AND ENTERTAINMENT		-77.	
TOTAL TO FORM 990-EZ, LINE 20		-77.	

FOOTNOTES	STATEMENT	3
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THE ORGANIZATION HAS ELECTED NOT TO TAKE BONUS DEPRECIATION
UNDER SECTION 168K FOR ALL PROPERTY CLASSES

FORM 990-EZ.	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	12,825.
TOTAL TO FORM 990-EZ, LINE 14	12,825.

FORM 990-EZ	RENTAL INCOME	STATEMENT	5
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
TEMPORARY RENT OF BUILDING SPACE & COSTUMES	1	295.
TOTAL INCUDED ON FORM 990-EZ, PART I, LINE 4		295.

FORM 990-EZ.

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	8,781	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		8,781
4. COST OF GOODS SOLD (LINE 13)	7,573	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,208

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	7,573	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		7,573
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		7,573

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2.

STATEMENT 8

TO PROVIDE A COMMUNITY THEATRE FOR LOCAL ARTISTS TO PERFORM AND COMMUNITY MEMBERS TO VOLUNTEER AND PATRONIZE.

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization 990-EZ**
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2009Attachment
Sequence No. 67

Business or activity to which this form relates

Identifying number

THE NORTHERN STAR THEATRE COMPANY**FORM 990-EZ PAGE 1****39-1895595****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	12,786.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		2,163.	7 YRS.	MQ	SL	39.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	12,825.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44