Form **990**

Department of the Treasury
Internal Revenue Service

# 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)**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

**B** Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

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

**C** Name of organization: PLANO CHILDRENS THEATRE, INC

Number and street (or P O box if mail is not delivered to street addr): 1301 CUSTER ROAD — Room/suite: 706

City, town or country: PLANO — State: TX — ZIP code + 4: 75075

**D** Employer Identification Number: 75-2387300

**E** Telephone number: (972) 422-2575

**G** Gross receipts $ 710,112.

**F** Name and address of principal officer: LORI GARCIA 2036 NEEDHAM DR ALLEN TX 75013

**H(a)** Is this a group return for affiliates? [ ] Yes [X] No

**H(b)** Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

**I** Tax-exempt status [X] 501(c) ( 3 )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J** Website: ► WWW.PLANOCHILDRENSTHEATRE.ORG

**H(c)** Group exemption number ►

**K** Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

**L** Year of Formation 1991

**M** State of legal domicile TX

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities TO PROVIDE DRAMA INSTRUCTION TO 3000 STUDENTS AND THEATRE ARTS EXPIERENCE FOR 38,308 DFW PATRONS. PROVIDE ARTS OPPROTUNITIES WHICH PROMOTE LIFELONG LEARNING, TEAMWORK, CREATIVITY, COMMUNICATION AND GOOD CITIZENSHIP SKILLS. TO PROVIDE OTHER DFW NON-PROFIT'S A SPACE TO CREATE

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 21 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 3,000 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

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| | | | Prior Year | Current Year |
|---|---|---|---|---|
| **Revenue** | 8 | Contributions and grants (Part VIII, line 1h) | 327,689. | 230,610. |
| | 9 | Program service revenue (Part VIII, line 2g) | 529,201. | 479,087. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 18. | 415. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| | 12 | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 856,908. | 710,112. |
| **Expenses** | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 122,219. | 293,972. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ► 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 697,962. | 382,168. |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 820,181. | 676,140. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 36,727. | 33,972. |

| | | | Beginning of Year | End of Year |
|---|---|---|---|---|
| **Net Assets or Fund Balances** | 20 | Total assets (Part X, line 16) | 197,190. | 180,525. |
| | 21 | Total liabilities (Part X, line 26) | 76,706. | 132,334. |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 120,484. | 48,191. |

## 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

► Signature of officer — Date 5-16-10

► LORI GARCIA PRESIDENT
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ► — Date 05/16/10 — Check if self-employed ► [X] — Preparer's identifying number (see instructions) P00452296

Firm's name (or yours if self-employed), address, and ZIP + 4 ► K. G. LARA AND ASSOCIATES, 213 JESSICA DR, GARLAND TX 75040-3732

EIN ► 20-2415304

Phone no ► (214) 334-0498

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No



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## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE DRAMA INSTRUCTION TO 3000 STUDENTS
AND THEATRE ARTS EXPIERENCE FOR 38,308 DFW PATRONS. PROVIDE ARTS
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code. ) (Expenses $ 498,637. including grants of $ 0.) (Revenue $ 479,087.)

TO PROVIDE DRAMA INSTRUCTION TO 3000 STUDENTS AND THEATRE ARTS EXPIERENCE FOR 20,000 DFW PATRONS. PROVIDE ARTS OPPROTUNITIES WHICH PROMOTE LIFELONG LEARNING, TEAMWORK, CREATIVITY, COMMUNICATION AND GOOD CITIZENSHIP SKILLS. PROVIDING OTHER DFW NON-PROFITS A SPACE TO CREATE AND UTILIZE THE FACILITY SPACE

4b (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses** ► 498,637.

**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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | X | |
| | • 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 organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X* | | | |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII* | 12 | X | |
| 12A | 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* — 12 A: Yes X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? I *f 'Yes,' complete Schedule E* | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 19 | 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 | | X |
| 20 | Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H* | 20 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | 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 | | X |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J* | 23 | | X |
| 24a | 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 and complete Schedule K If 'No,' go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **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 | | X |
| b | Is the organization 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* . | 25b | | X |
| 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 | X | |
| 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 | A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I* | 31 | | X |
| 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 | | X |
| 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* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **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* | 36 | | X |
| 37 | 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* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

| | | | Yes | No |
|---|---|---|---|---|
| **1a** Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 1a 21 | | | |
| **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | | |
| **c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | X | |
| **2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 21 | | | |
| **2b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| **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 this return? | | 3a | | X |
| **b** If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O* | | 3b | | |
| **4a** 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)? | | 4a | | X |
| **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? | | 5a | | X |
| **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| **c** If 'Yes,' to line 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? | | 6a | | X |
| **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | 6b | | |
| **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 | | X |
| **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| **c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| **d** If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | | | |
| **e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| **g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | X | |
| **h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | 7h | X | |
| **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 holdings at any time during the year? | | 8 | | X |
| **9 Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** Did the organization make any taxable distributions under section 4966? | | 9a | | X |
| **b** Did the organization make any distribution to a donor, donor advisor, or related person? | | 9b | | |
| **10 Section 501(c)(7) organizations.** Enter | | | | |
| **a** Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| **11 Section 501(c)(12) organizations.** Enter | | | | |
| **a** Gross income from other members or shareholders | 11a | | | |
| **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| **12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

**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.*

**Section A. Governing Body and Management**

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body | 1a 12 | | |
| **b** | Enter the number of voting members that are independent | 1b 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| **7a** | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| **b** | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| **a** | The governing body? | 8a | X | |
| **b** | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* | 9 | | X |

**Section B. Policies** *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| **b** | If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| **11A** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| **12a** | Does the organization have a written conflict of interest policy? *If 'No,' go to line 13* | 12a | X | |
| **b** | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| **c** | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | 15a | X | |
| **b** | Other officers of key employees of the organization | 15b | X | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| **b** | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► Texas

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► KENDRA LARA 1301 CUSTER ROAD SUITE 706 PLANO TX 75075 (972) 422-2575

## 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

**1 a** 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) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W 2/1099 MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| LORI GARCIA<br>BOARD CHAIR | 20.00 | | | X | | | | 0. | 0. | 0. |
| PC CHRISTOPHER<br>VICE PRESIDENT | 5.00 | | | X | | | | 0. | 0. | 0. |
| JAMEE CUTILLO<br>SECETARY | 20.00 | | | X | | | | 0. | 0. | 0. |
| JULIA BEATON<br>MARKETING | 5.00 | X | | | | | | 0. | 0. | 0. |
| JACKIE DALEY<br>FUNDRAISING | 5.00 | X | | | | | | 0. | 0. | 0. |
| ELANE ALSUP<br>MARKETING/FUNDRAISING | 5.00 | X | | | | | | 0. | 0. | 0. |
| ALLISON BASILE<br>MARKETING | 5.00 | X | | | | | | 0. | 0. | 0. |
| ELLY MARSH<br>MARKETING | 5.00 | X | | | | | | 0. | 0. | 0. |
| LIS AVILES<br>MARKETING/FUNDRAISING | 5.00 | X | | | | | | 0. | 0. | 0. |
| BEN SHEAHAN<br>MARKETING/FUNDRAISING | 5.00 | X | | | | | | 0. | 0. | 0. |
| ANNIE HALL<br>MARKETING/FUNDRAISING | 5.00 | X | | | | | | 0. | 0. | 0. |
| SARA AKERS<br>ARTISTIC COORDINATOR | 40.00 | | | | | X | | 32,000. | 0. | 0. |
| PATRICIA DELLAPORTA<br>TREASURER | 5.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(cont.)*

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W 2/1099 MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ► | | | | | | | | 32,000. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ►

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual* | 4 | | X |
| 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 | | X |

**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 | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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 ►

**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).**

| *Do not include amounts reported on lines 6b, 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 | | | | |
| 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 | 32,000. | 0. | 32,000. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 234,901. | 164,127. | 70,774. | 0. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 27,071. | 13,600. | 13,471. | 0. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 28,434. | 0. | 28,434. | 0. |
| d Lobbying | | | | |
| e Prof fundraising svcs See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 25,588. | 25,588. | 0. | 0. |
| 13 Office expenses | 2,783. | 0. | 2,783. | 0. |
| 14 Information technology | | | | |
| 15 Royalties | 26,330. | 26,330. | 0. | 0. |
| 16 Occupancy | 127,515. | 127,515. | 0. | 0. |
| 17 Travel | 3,407. | 3,407. | 0. | 0. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 14,433. | 14,433. | 0. | 0. |
| 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 ) | | | | |
| a MERCHANDISE EXPENSE | 13,609. | 13,609. | 0. | 0. |
| b ALLOWANCES FOR BAD DEBTS | 14,765. | 14,765. | 0. | 0. |
| c BANK FEES | 6,624. | 6,243. | 381. | 0. |
| d PROPS & SETS | 13,993. | 13,993. | 0. | 0. |
| e WORKSHOP | 200. | 200. | 0. | 0. |
| f All other expenses | 104,487. | 74,827. | 29,660. | 0. |
| 25 Total functional expenses. Add lines 1 through 24f | 676,140. | 498,637. | 177,503. | 0. |
| 26 **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 | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| ASSETS | 1 | Cash – non-interest-bearing | 58,213. | 1 | 107,913. |
| | 2 | Savings and temporary cash investments | | 2 | 35,926. |
| | 3 | Pledges and grants receivable, net | 87,951. | 3 | 48,191. |
| | 4 | Accounts receivable, net | 31,617. | 4 | 52,000. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 87. |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | -83,075. |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a | | | |
| | b | Less accumulated depreciation. 10b | | 10c | |
| | 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 | 19,409. | 15 | 19,483. |
| | 16 | **Total assets** Add lines 1 through 15 (must equal line 34) | 197,190. | 16 | 180,525. |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 6,471. | 17 | 2,150. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 24,250. | 19 | 48,191. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 29,700. | 22 | 63,584. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 16,285. | 23 | 16,285. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 0. | 25 | 2,124. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 76,706. | 26 | 132,334. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | -14,101. | 27 | |
| | 28 | Temporarily restricted net assets | 134,585. | 28 | 48,191. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 120,484. | 33 | 48,191. |
| | 34 | Total liabilities and net assets/fund balances | 197,190. | 34 | 180,525. |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 [X] Cash [ ] Accrual [ ] Other<br>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? | 2a | X | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 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<br>[ ] Separate basis [ ] Consolidated basis [X] Both consolidated and separate 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 Audit Act and OMB Circular A-133? | 3a | | X |
| b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

**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

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PLANO CHILDRENS THEATRE, INC | 75-2387300 |

**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).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11g (i)** | | |
| **(ii)** a family member of a person described in (i) above? | **11g (ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? | **11g (iii)** | | |

**h** Provide the following information about the supported organizations

| **(i)** Name of Supported Organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**) | **(iv)** Is the organization in col (i) listed in your governing document? | | **(v)** Did you notify the organization in col (i) of your support? | | **(vi)** Is the organization in col (i) organized in the U S ? | | **(vii)** Amount of Support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**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 'unusual grants ') | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 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 **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 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 **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 ► ☐

## 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 the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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 ► ☐

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 ► ☐

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 ► ☐

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 ► ☐

**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 yr 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 'unusual grants ') | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included inline 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 lns 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

## Section C. Computation of Public Support Percentage

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

## Section D. Computation of Investment Income Percentage

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

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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2009**

**Open to Public Inspection**

| Name of the organization | Employer Identification number |
|---|---|
| PLANO CHILDRENS THEATRE, INC | 75-2387300 |

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|
| 1 Total number at end of year | | |
| 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

**Part II** **Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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 organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ► ______ %

b Permanent endowment ► ______ %

c Term endowment ► ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► | | | | |

**Part VII Investments–Other Securities** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ► | | |

**Part VIII Investments–Program Related** (See Form 990, Part X, line 13)

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total** *(Column (b) must equal Form 990, Part X, Col (B) line 13.)* ► | | |

**Part IX Other Assets** (See Form 990, Part X, line 15)

| (a) Description | (b) Book value |
|---|---|
| COPIER | 15,940. |
| OTHER | 1,370. |
| THEATRE EQUIP | 1,711. |
| LEASE HOLD | 462. |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B), line 15)* ► | 19,483. |

**Part X Other Liabilities** (See Form 990, Part X, line 25)

| (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| PAYROLL | 2,124. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25)* ► | 2,124. |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

| | | |
|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 710,112. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 676,140. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 33,972. |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net) Add lines 4 through 8 | |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 33,972. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1**: | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**Part XIV** **Supplemental Information** *(continued)*

**SCHEDULE E**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Schools

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545 0047

**2009**

**Open to Public Inspection**

Name of the organization: PLANO CHILDRENS THEATRE, INC

**Employer identification number:** 75-2387300

| | | YES | NO |
|---|---|---|---|
| **1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | |
| **2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| **3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Schedule O (Form 990) | 3 | X | |
| THE THEATER'S NON-DISCRIMINATION POLICY IS STATED ON ALL NEWSPAPER AND BROADCASTING MEDIA | | | |
| **4** Does the organization maintain the following? | | | |
| **a** Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | |
| **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | X | |
| **c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | X | |
| **d** Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | X | |
| If you answered 'No,' to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| **5** Does the organization discriminate by race in any way with respect to | | | |
| **a** Students' rights or privileges? | 5a | | X |
| **b** Admissions policies? | 5b | | X |
| **c** Employment of faculty or administrative staff? | 5c | | X |
| **d** Scholarships or other financial assistance? | 5d | | X |
| **e** Educational policies? | 5e | | X |
| **f** Use of facilities? | 5f | | X |
| **g** Athletic programs? | 5g | | X |
| **h** Other extracurricular activities? | 5h | | X |
| If you answered 'Yes,' to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| **6a** Does the organization receive any financial aid or assistance from a governmental agency? | 6a | X | |
| **b** Has the organization's right to such aid ever been revoked or suspended? | 6b | | X |
| If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990) | | | |
| **7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990) | 7 | X | |

**SCHEDULE L**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

**2009**

**Open to Public Inspection**

Name of the organization: PLANO CHILDRENS THEATRE, INC

Employer identification number: 75-2387300

## Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| SARA AKERS WORKING CAPITAL | X | | 39,600. | 21,584. | | X | X | | X | |
| SARA AKERS BACK PAY | X | | 42,000. | 42,000. | | X | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | ► $ | 63,584. | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction $ | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization: PLANO CHILDRENS THEATRE, INC

Employer identification number: 75-2387300

**Part I Types of Property**

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|
| 1 Art–Works of art | | | | |
| 2 Art–Historical treasures | | | | |
| 3 Art–Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities–Publicly traded | | | | |
| 10 Securities–Closely held stock | | | | |
| 11 Securities–Partnership, LLC, or trust interests | | | | |
| 12 Securities–Miscellaneous | | | | |
| 13 Qualified conservation contribution – Historic structures | | | | |
| 14 Qualified conservation contribution –Other | | | | |
| 15 Real estate–Residential | | | | |
| 16 Real estate–Commercial | | | | |
| 17 Real estate–Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (COSTUMES/FURNITURE/MATERIALS) | X | 100 | 4,600. | FAIR MARKET VALUE |
| 26 Other ► (VOLUNTEER HOURS) | X | 3,780 | 261,700. | 13,085 HOURS X20/HR |
| 27 Other ► ( ) | | | | |
| 28 Other ► ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

| | | Yes | No |
|---|---|---|---|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b If 'Yes,' describe the arrangement in Part II | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b If 'Yes,' describe in Part II | | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No 1545 0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PLANO CHILDRENS THEATRE, INC | 75-2387300 |

Pt VI-B, Line 11A SEE ATTACHMENT 1 REVIEW AND APPROVAL OF TAX RETURN

Pt VI-B, Line 12c SEE ATTACHMENT 2 CONFLICT OF INTEREST

Pt VI-B, Line 15 SEE ATTACHMENT 3 PROCEDURE FOR SETTING COMPENSATION FOR THE EXE DIRECTOR

Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission.

OPPROTUNITIES WHICH PROMOTE LIFELONG LEARNING, TEAMWORK, CREATIVITY, COMMUNICATION AND GOOD CITIZENSHIP SKILLS. TO PROVIDE OTHER DFW NON-PROFIT'S A SPACE TO CREATE

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS** 1a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | 60. | | | | |
| c Fundraising events | 1c | | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 210,335. | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 20,215. | | | | |
| g Noncash contribns included in lns 1a-1f | $ | 266,300. | | | | |
| h **Total.** Add lines 1a-1f | | ► | 230,610. | | | |
| **PROGRAM SERVICE REVENUE** | | Business Code | | | | |
| 2a PROFESSIONAL PROFORMANCES | | 611710 | 27,885. | 27,885. | 0. | 0. |
| b THEATRE RENTAL | | 611710 | 2,912. | 2,912. | 0. | 0. |
| c TICKET SALES | | 611710 | 110,788. | 110,788. | 0. | 0. |
| d TUITION & REGISTRATION | | 611710 | 307,306. | 307,306. | 0. | 0. |
| e THERAPEUTIC DRAMA | | 611710 | 1,925. | 1,925. | 0. | 0. |
| f All other program service revenue | | | 28,271. | 28,271. | 0. | 0. |
| g **Total.** Add lines 2a-2f | | ► | 479,087. | | | |
| **OTHER REVENUE** 3 Investment income (including dividends, interest and other similar amounts) | | ► | 415. | 415. | 0. | 0. |
| 4 Income from investment of tax-exempt bond proceeds | | ► | | | | |
| 5 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 assets other than inventory | | | | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | ► | | | | |
| 8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | ► | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | ► | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less. cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | ► | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d | | ► | | | | |
| 12 **Total revenue.** See instructions | | ► | 710,112. | 479,502. | 0. | 0. |

**Supporting Statement of:**

Form 990 p 9/Membership Dues

| Description | Amount |
|---|---|
| MEMBERSHIP DUES | 60. |
| Total | 60. |

**Supporting Statement of:**

Form 990 p 9/Government Grants

| Description | Amount |
|---|---|
| TEXAS COMMISSION ON THE ARTS | 8,500. |
| CITY OF MCKINNEY | 25,000. |
| CITY OF PLANO | 174,335. |
| SPEEDWAY CHILDRENS | 2,500. |
| Total | 210,335. |

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

| Description | Amount |
|---|---|
| TARGET | 2,000. |
| CORPORATE DONATIONS | 500. |
| INDIVIDUAL T DONATIONS | 4,553. |
| FOUNDATIONS | 1,500. |
| MYT SOUND | 2,597. |
| INDIVIDUAL | 8,850. |
| MYT P&L | 215. |
| Total | 20,215. |

**Supporting Statement of:**

Form 990 p 9/Noncash

| Description | Amount |
|---|---|
| NON CASH GOODS | 4,600. |
| IN KIND HOURS | 261,700. |
| Total | 266,300. |

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -2

| Description | Amount |
|---|---|
| | 2,912. |
| Total | 2,912. |

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -3

| Description | Amount |
|---|---|
| PCT | 107,888. |
| MYT | 2,900. |
| Total | 110,788. |

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt -4

| Description | Amount |
|---|---|
| PCT SPRING | 5,034. |
| PCT ELEMENTARY | 2,812. |
| PCT DEPOSITS | 2,862. |
| MYT SUMMER | 200. |
| MYT SPRING | 2,965. |
| DEPOSIT MYT | 1,284. |
| TUITION OTHER | 273,458. |
| REFUNDS | -2,660. |
| MYT TUITION | 21,351. |
| Total | 307,306. |

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt Tot-1

| Description | Amount |
|---|---|
| TSHIRTS | 3,085. |
| TSHIRTS | 4,335. |
| CONSESSIONS | 12,249. |
| MYT PL | 362. |
| Total | 20,031. |

**Supporting Statement of:**

Form 990 p 9/Line 2f Oth Rel/Exmpt Tot-5

| Description | Amount |
|---|---|
| MIS INCOME MYT | 1,069. |
| MIS INCOME PCT | 305. |
| ADMIN MYT | 1,384. |
| ADMIN PCT | 250. |
| MIS PCT | 368. |
| Total | 3,376. |

**Supporting Statement of:**

Form 990 p 10/Line 5 col (C)

| Description | Amount |
|---|---|
| SARA AKERS | 32,000. |
| Total | 32,000. |

**Supporting Statement of:**

Form 990 p 10/Line 7 col (B)

| Description | Amount |
|---|---|
| TREACHERS | 164,127. |
| Total | 164,127. |

**Supporting Statement of:**

Form 990 p 10/Line 7 col (C)

| Description | Amount |
|---|---|
| GENERAL MANAGEMENT | 70,774. |
| Total | 70,774. |

**Supporting Statement of:**

Form 990 p 10/Line 10 col (B)

| Description | Amount |
|---|---|
| TEACHERS | 13,600. |

Continued

**Supporting Statement of:**

Form 990 p 10/Line 10 col (B)

| Description | Amount |
|---|---|
| Total | 13,600. |

**Supporting Statement of:**

Form 990 p 10/Line 10 col (C)

| Description | Amount |
|---|---|
| GENERAL MANAGEMENT | 13,471. |
| Total | 13,471. |

**Supporting Statement of:**

Form 990 p 10/Line 11c col (C)

| Description | Amount |
|---|---|
| AUDIT | 14,264. |
| ACCOUNTING | 14,170. |
| Total | 28,434. |

**Supporting Statement of:**

Form 990 p 10/Line 12 col (B)

| Description | Amount |
|---|---|
| POSTAGE PCT | 2,482. |
| MYT | 76. |
| PUBLICITY COP | 18,101. |
| ADVERTISING | 629. |
| ADVERTISING COP | 33. |
| BROCHURES COP | 466. |
| ADVERTISING OTHER | 2,473. |
| ADVERTISING MYT | 1,328. |
| Total | 25,588. |

**Supporting Statement of:**

Form 990 p 10/Line 13 col (C)

| Description | Amount |
|---|---|
| OFFICE SUPPLY | 2,783. |
| Total | 2,783. |

**Supporting Statement of:**

Form 990 p 10/Line 15 col (B)

| Description | Amount |
|---|---|
| ROYALTIES/LICENSES/PERMITS | 26,330. |
| Total | 26,330. |

**Supporting Statement of:**

Form 990 p 10/Line 16 col (B)

| Description | Amount |
|---|---|
| MCKINNEY RENT | 14,575. |
| OFF CAMPUS | 1,015. |
| OFF CAMO EXP | 4,195. |
| STORAGE | 3,245. |
| MAIN OFFICE | 104,485. |
| Total | 127,515. |

**Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

| Description | Amount |
|---|---|
| PCT TRUCK | 91. |
| AUTO SARA | 284. |
| MYT | 405. |
| AUTO FUEL | 72. |
| MILEAGE | 600. |
| OTHER | 1,955. |
| Total | 3,407. |

**Supporting Statement of:**

Form 990 p 10/Line 23 col (B)

| Description | Amount |
|---|---|
| BOND | 602. |
| GENERAL LIAB/PROPERTY | 670. |
| AUTO | 1,203. |
| DIRECTORS | -2,416. |
| WORKERS COMP | 8,909. |
| OTHER | 4,659. |
| MYT | 806. |
| Total | 14,433. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-1

| Description | Amount |
|---|---|
| TSHIRTS | 8,393. |
| CONCESSION | 4,295. |
| CONCESSION CASH BOX | 921. |
| Total | 13,609. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-2

| Description | Amount |
|---|---|
| MYT PCT BAD DEBT WRITE OFF | 14,765. |
| Total | 14,765. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-3

| Description | Amount |
|---|---|
| NSF | 425. |
| BANK | 1,804. |
| PAYPAL | 1,918. |
| CC FEES | 1,359. |
| BANK SERVICE | 259. |
| MERCHANT FEES | 478. |
| Total | 6,243. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (C)-3

| Description | Amount |
|---|---|
| MYT OTHER | 381. |
| Total | 381. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-4

| Description | Amount |
|---|---|
| SET BUILD COP | 2,425. |
| SET BUILD COP TOURING | 400. |
| SET BUILD OTHER | 8,442. |
| MYT | 2,726. |
| Total | 13,993. |

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-5

| Description | Amount |
|---|---|
| PCT | 55. |
| MYT | 145. |
| Total | 200. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -1

| Description | Amount |
|---|---|
| PCT | 1,193. |
| MYT | 250. |
| Total | 1,443. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -2

| Description | Amount |
|---|---|
| PCT | 2,170. |
| Total | 2,170. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -3

| Description | Amount |
|---|---|
| ADT | 1,203. |
| WEBSITE | 1,231. |
| AOL | 60. |
| GAS COP | 30. |
| PHONE COP | 837. |
| ATMOS COP | 554. |
| CELL REIMB | 4. |
| ELECTRIC | 2,776. |
| GAS | 886. |
| TELEPHONE | 4,040. |
| OTHER | 361. |
| MYT | 390. |
| Total | 12,372. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -4

| Description | Amount |
|---|---|
| TAXES | 493. |
| TAX REBILLING | 59. |
| MYT | 330. |
| Total | 882. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -5

| Description | Amount |
|---|---|
| BACKGROUND CHECKS | 1,621. |
| Total | 1,621. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -6

| Description | Amount |
|---|---|
| SCHOLARSHIPS | |
| | 29,138. |
| Total | 29,138. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -7

| Description | Amount |
|---|---|
| SCRIPTS BOOKS MUSIC | 4,637. |
| Total | 4,637. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -8

| Description | Amount |
|---|---|
| TALENTS & ACTORS | 1,470. |
| Total | 1,470. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -9

| Description | Amount |
|---|---|
| OTHER | 2,015. |
| Total | 2,015. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -9

| Description | Amount |
|---|---|
| COMPUTER | 350. |
| HOUSE | 8,288. |
| MYT | 391. |

Continued

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -9

| Description | Amount |
|---|---|
| Total | 9,029. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -10

| Description | Amount |
|---|---|
| PROGRAM | 3,669. |
| PROFESSIONAL | 85. |
| LIGHTS & sOUND | 843. |
| Total | 4,597. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -11

| Description | Amount |
|---|---|
| GALA | 276. |
| Total | 276. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -12

| Description | Amount |
|---|---|
| GIFT CERTIFICATES | 213. |
| Total | 213. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -13

| Description | Amount |
|---|---|
| MINOR FURNITURE & EQUIP | 5,019. |
| Total | 5,019. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -14

| Description | Amount |
|---|---|
| HOUSE SUPPLY | 2,082. |
| Total | 2,082. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -15

| Description | Amount |
|---|---|
| REFUNDS | 585. |
| Total | 585. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -16

| Description | Amount |
|---|---|
| SUSPENSE | 9,377. |
| Total | 9,377. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -17

| Description | Amount |
|---|---|
| MEDICAL | 1,166. |
| Total | 1,166. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -18

| Description | Amount |
|---|---|
| STAFF LUNCH | 41. |
| Total | 41. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -19

| Description | Amount |
|---|---|
| REIMBURSED EXP | 3,703. |
| Total | 3,703. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -20

| Description | Amount |
|---|---|
| COORD | 1,740. |
| Total | 1,740. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (C) -21

| Description | Amount |
|---|---|
| ADMIN | 63. |
| Total | 63. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -22

| Description | Amount |
|---|---|
| ART & CRAFT | 1,037. |
| Total | 1,037. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -23

| Description | Amount |
|---|---|
| MIS | 519. |
| Total | 519. |

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -24

| Description | Amount |
|---|---|
| MCKINNEY EXP | 9,292. |
| Total | 9,292. |

**Supporting Statement of:**

Form 990 p 11/Line 1, column (B)

| Description | Amount |
|---|---|
| LEGACY SET BUILD | 24. |
| COP | 58,946. |
| OPERATING | 46,845. |
| PC | 159. |
| UNDEPOSITED FUNDS | 1,939. |
| Total | 107,913. |

**Supporting Statement of:**

Form 990 p 11/Line 2, column (B)

| Description | Amount |
|---|---|
| GIFTED AND TALENTED | 35,926. |
| Total | 35,926. |

# ATTACHMENT 1
# FORM 990 PART VI
# SECTION A LINE 10
# REVIEW AND APPROVAL OF TAX RETURN

**PLANO CHILDREN'S THEATRE**
**PLANO COMMUNITY THEATRE**
**MCKINNEY YOUTH THEATRE**

*POLICY FOR REVIEW AND APPROVAL OF TAX RETURNS*

It is the policy of this Organization, as approved by the Board, that the following procedures shall be used for preparation and approval of all federal tax returns, including but not limited to IRS Form 990 or any successors, or for any other tax returns, schedules or documents:

1. The Treasurer, or a board member to be designated by the Chairman in the absence of the Treasurer, shall be directly responsible for assembling all information and/or documents necessary for preparation of the Organization's tax returns, including but not limited to IRS Form 990 or any successors. With prior consent of the Board, the Treasurer may retain such outside professionals as in his or her discretion will best assist in compilation of the information to prepare the return(s). It is contemplated that the accounting firm responsible for auditing the Organization's books will provide the necessary assistance.

2. During preparation of the return, the Treasurer shall have the discretion to conduct such reviews, testing or verification as may be necessary to ensure that the return(s) and supporting documentation are correct and accurate. Any expenses for such review shall promptly be reimbursed or paid.

3. Upon completion of the return(s), the Treasurer shall provide each member of the Board with a copy of the completed return(s) and any supporting

documentation or information necessary for the Board's review together with the Treasurer's recommendation as to whether the return(s) should be submitted or further reviewed.

4. In its discretion, the Board may request that additional information be provided or that documents sufficient to verify the accuracy of the return(s) and its contents.

5. The Board shall convene in regular or special session and specifically review and approve the return(s) by recorded ballot. Upon approval, an authorized representative of the Organization may affix his/her signature.

6. The Organization's Form 990's for thc last three (3) calendar years (or fiscal years as appropriate) shall be maintained at the Organization's principal place of business and available for public review and inspection upon reasonable notice during regular business hours.

ATTACHMENT 2
FORM 990 PART VI
SECTION B LINE 12C
CONFLICT OF INTEREST POLICY

PLANO CHILDREN'S THEATRE
PLANO COMMUNITY THEATRE
MCKINNEY YOUTH THEATRE

*CONFLICT OF INTEREST POLICY*

The purpose of this policy is to protect the interests of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre when any of them contemplates entering into a transaction or arrangement that might benefit the private interest of an officer or director or employee of the organization or allow said officers, directors or employees to gain a personal profit.

It is the policy of Plano Children's Theatre, Plano Community Theatre, and McKinney Youth Theatre that no member of the Board, any of its Committees or any employee of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre shall derive any personal profit or gain, directly or indirectly, by reasons of his or her participation in Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre.

To implement this policy, each officer, director and employee shall disclose to the organization upon first being hired or upon implementation of this Policy, whichever comes first, and immediately thereafter to the Board but no less frequently than annually in writing using the form below any personal interest he or she may have

POLICY CONTINUES ON NEXT PAGE

__________________
Initials

in any matter pending before the organization and shall refrain from participation in any decision on such matter.

To further implement this policy, any member of the Board, any Committee or Staff who is an officer, board member, committee member, employee or staff member of a client organization or vendor of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre shall identify his or her affiliation or relationship with such organization, business or entity. In connection with any action by Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre specifically directed to that relationship, she/he shall not participate in the decision affecting such outside organization, business or entity. Any action, contract or business relationship between Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre and that outside organization, business or entity shall be undertaken only with the approval or ratification of the full Board.

Any member of the Board, Officer, Director or employee of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre shall refrain from obtaining, copying, or using in any way any list of students, clients or participants in any activity of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre for any purpose except those authorized by Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre at any time.

POLICY CONTINUES ON NEXT PAGE

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Initials

At this time, in addition to any affiliation with PCT I am a board member, officer, or employee of the following organizations, businesses or entities:

________________________________________

________________________________________

________________________________________

This certifies that except as set forth below, I am not now nor at any time during the past year have been:

1. A direct or indirect participant in any arrangement, agreement, contract, investment, business relationship with any vendor, supplier or other party doing business with Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre that has resulted or could result in personal benefit to me; or

2. A recipient directly or indirectly of any salary payments, loans or gifts of any kind or any free services or discounts from or on behalf of any person or organization engaged in any transaction with Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre.

*Any exceptions to 1 or 2 are stated below with a full description of all transactions and*

POLICY CONTINUES ON NEXT PAGE

________________

Initials

*interests, direct or indirect, I have or have had during the past year with the business, organization or entity having transactions with Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre.*

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Signature　　　　　　　　　　　　　　　　　　　　Date

Position

ATTACHMENT 3
FORM 990 PART VI
SECTION B LINE 13
EMPLOYEE PROTECTION (WHISTLEBLOWER) POLICY

**PLANO CHILDREN'S THEATRE**
**PLANO COMMUNITY THEATRE**
**MCKINNEY YOUTH THEATRE**

## *EMPLOYEE PROTECTION (WHISTLEBLOWER) POLICY*

If any employee reasonably believes that some policy, practice or activity of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre is in violation of law, a written complaint must be filed by that Employee with the Chair of the Board of Directors, at Post Office Box 868127, Plano, Texas 75086.

It is the intent of Plano Children's Theatre, Plano Community Theatre, and McKinney Youth Theatre to adhere to all laws and regulations that apply to each organization and the underlying purpose of this policy is to support each organization's goal of legal compliance. The support of all employees is necessary to achieving compliance with all applicable laws and regulations. An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy or practice to the attention of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre and provides Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

POLICY CONTINUED ON PAGE 2.

________________
Employee initials

Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre, or of another individual or entity with whom Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre has a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.

Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy or practice of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre that the employee reasonably believes is in violation of a law, rule or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety or welfare of any person or protection of the environment.

*My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about this policy.*

______________________________ ______________

Employee Signature Date

ATTACHMENT 4
FORM 990 PART VI
SECTION B LINE 15B
PROCEDURE FOR SETTING COMPENSATION
OF THE EXECUTIVE DIRECTOR

PLANO CHILDREN'S THEATRE
McKINNEY YOUTH THEATRE
PROCEDURE FOR SETTING COMPENSATION
OF THE EXECUTIVE DIRECTOR

1. Procedure

In order to ensure that the compensation of the Executive Director properly reflects the Executive Director's contributions to the firm, the Board of Directors of Plano Children's Theatre, Inc., hereby establishes the following procedure for determining the following procedure for determining compensation for the Executive Director and/or other similar positions that may from time to time be established.

a. Compensation for the Executive Director shall be set annually for the forthcoming calendar year. The Board may from time to time adjust the Executive Director's compensation to reflect extraordinary conditions, including but not limited to changes in economic conditions or extraordinary performance above or below expectations.

b. The following non-exclusive factors shall be used in setting the Executive Director's compensation:

1 The Executive Director's performance as measured by and against the Mission Statement, Goals and Policies and Procedures established by the Board of Directors as then in effect.

2. The time spent by the Executive Director in fulfilling his/her tasks.

3. Any other tasks assumed by the Executive Director, including but not limited to marketing, obtaining grants from private, governmental or other sources beyond that already spent, and public relations.

4. Comparable salaries for other theatre organizations in the Dallas area as determined by the Board.

5. Any other or further goals or tasks set by agreement between the Executive Director and the Board.

The Board may delegate any of its responsibilities in setting compensation to one or more members of the Board subject to the Board's final approval and review.

2. Findings for 2009.

a. The Board has reviewed the published salaries of private and public theatre organizations and makes the following findings:

1. Comparable organizations. While the Dallas Fort Worth area is home to numerous public and private theatre organizations, few if any serve the market segment reached by PCT. To determine comparable salaries, the Board reviewed a number of theatre organizations in the area.

a. Water Tower Theatre Addison, has annual revenues of $1.1 million and a listed full-time permanent staff of seven. Of that staff, the functions performed by PCT's Executive Director appear to be divided among three of not four staff members, the Producing Artistic Director, Artistic Associate/Communications Director, Business Manager/Education Director, and Director of Development, all of which appear to be full time positions Salary for the Producing Director appears to be $42,000.

b. Pocket Sandwich Theatre Dallas is a for-profit business putting on self-written "melodrama" productions with annual revenue of approximately $550,000. All capital in the organization is privately provided by six investors. The organization pays three individuals who supervise daily operations, food services and creative issues. Total compensation for the founder and highest paid individual is $25,000.

c. Casa Manana and Dallas Summer Musicals each fund various theatre activities but function primarily as vehicles for professional touring companies to appear in Dallas and Fort Worth.

d. Dallas Children's Theater is among the largest children's theater groups in the country and relies upon grants from national corporations including NexBank, TI and, among others, the National Endowment for the Arts. As with Water Tower Theatre, DCT appears to divide the responsibilities of PCT's Executive Director among several individuals.

Based upon these comparisons, the salary of $48,000 per year offered to PCT's Executive Director appears to be both reasonable and appropriate in the community.

ATTACHMENT 5
FORM 990 PART VI
SECTION B LINE 14
RECORD RETENTION POLICY

**PLANO CHILDREN'S THEATRE**
**PLANO COMMUNITY THEATRE**
**MCKINNEY YOUTH THEATRE**

*RECORD RETENTION POLICY*

It is the policy of this organization that documents and records shall be maintained in such a fashion as to ensure proper accountability ro government authorities and all constituencies of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre. The following retention policies are hereby approved by the Board of Directors and shall continue in effect unless modified by law or further action by the Board.

| Description of Records | Method of Record Keeping | Retention/disposition |
|---|---|---|
| Incorporation documents, including articles of incorporation, bylaws, amendments and related documents. | Kept in corporate record book. Original shall be maintained at the Organization's principal place of business. A complete and correct duplicate shall be kept by the Secretary of the Board at a separate location as may be designated from time to time by the Board.<br><br>DOCUMENTS IN THIS CATEGORY SHALL BE MADE AVAILABLE FOR PUBLIC INSPECTION AND COPYING UPON REASONABLE WRITTEN REQUEST. | Kept in perpetuity. |

| | | |
|---|---|---|
| Tax exemption documents, including application(s) for tax exemption (IRS Form 1023), IRS Determination letter(s), and any related documents. | Kept in corporate record book. Original shall be maintained at the Organization's principal place of business. A complete and correct duplicate shall be kept by the Secretary of the Board at a separate location as may be designated from time to time by the Board.<br><br>DOCUMENTS IN THIS CATEGORY SHALL BE MADE AVAILABLE FOR PUBLIC INSPECTION AND COPYING UPON REASONABLE WRITTEN REQUEST. | In perpetuity. |
| Records of board meetings, including agendas, minutes and related documents. | Kept in corporate record book. Original shall be maintained at the Organization's principal place of business. A complete and correct duplicate shall be kept by the Secretary of the Board at a separate location as may be designated from time to time by the Board. | In perpetuity. |
| Year end Treasurer or financial reports/statement. | Kept in corporate record book. Original shall be maintained at the Organization's principal place of business. A complete and correct duplicate shall be kept by the Secretary of the Board | In perpetuity. |

| | | |
|---|---|---|
| | at a separate location as may be designated from time to time by the Board. | |
| Periodic Treasurer Reports | Shall be kept with organization financial records at a location to be designated by the Board. | Retained for three (3) years and then destroyed. |
| Bank statements, cancelled checks, registers, statements of investment accounts and related documents - and electronic versions of same. | Shall be kept with organization financial records at a location to be designated by the Board. | Retained for three (3) years and then destroyed. |
| Annual information returns (IRS Forms 990). | The most recent three (3) years' returns shall be maintained at the maintained at the Organization's principal place of business. A complete and correct duplicate shall be kept by the Secretary of the Board at a separate location as may be designated from time to time by the Board.<br><br>THE RETUNRS MAINTAINED AT THE ORGANIZATION'S PRINCIPAL PLACE OF BUSINESS SHALL BE MADE AVAILABLE FOR PUBLIC INSPECTION AND COPYING UPON REASONABLE WRITTEN REQUEST. | Retained for seven (7) years and then destroyed. |

Electronic copies of the documents in the preceding categories shall be maintained for the same period as paper copies.

All remaining records of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre except for those set forth above, including electronic backups or copies thereof, shall be maintained for two (2) years from date of creation and shall be physically destroyed unless necessary for operation of the business or as required by law or regulation.

It is the policy of Plano Children's Theatre, Plano Community Theatre, and/or McKinney Youth Theatre that identifying information, including but not limited to social security numbers, drivers license information, results of criminal background checks and account numbers or security codes, shall be maintained in such a fashion to protect the security and integrity of such information, and, upon destruction, to be destroyed in such fashion as to render the information unusable for any purpose.

All electronic information shall be backed up at least once a week or more frequently in the discretion of the Executive Director. Backup copies of all information or data shall be maintained at a separate location from the computers to be backed up. System and data integrity shall be tested at regular intervals not to exceed once per quarter.

The Board and Executive Director may make necessary and appropriate arrangements to implement these policies and procedures.