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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning** Jun 01, 2009, **and ending** May 31, 2010**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, number and street, city, town, state, and ZIP code

AMERICAN SOCIETY FOR THEATER
 RESEARCH
 PO BOX 1798
 BOULDER CO 80306-1798

D Employer identification number

11-6110103

E Telephone number

303-530-1838

F Group Exemption

Number ... ▶

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

G Accounting Method: ☐ Cash ☒ Accrual
 Other (specify) ▶ FORM 3115

I Website: ▶

H Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ... ▶ \$ 380,102.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,575.
	2	Program service revenue including government fees and contracts	2	70,766.
	3	Membership dues and assessments	3	52,165.
	4	Investment income	4	19,975.
	5 a	Gross amount from sale of assets other than inventory	5 a	85,332.
	b	Less: cost or other basis and sales expenses	5 b	121,423.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	(36,091.)
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6 a	
	b	Less: direct expenses other than fundraising expenses	6 b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c		
7 a	Gross sales of inventory, less returns and allowances	7 a		
b	Less: cost of goods sold	7 b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8	Other revenue (describe ▶ UNREALIZED GAINS IN FMV SECURITIES)	8	136,289.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	258,679.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	12,300.
	11	Benefits paid to or for members	11	9,940.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	36,658.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,226.
	16	Other expenses (describe ▶ SEE STMT)	16	82,434.
17	Total expenses. Add lines 10 through 16	17	144,558.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	114,121.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	494,731.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	608,852.

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

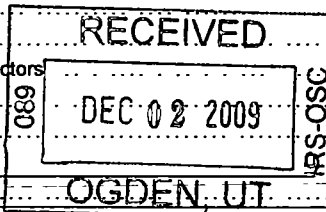
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,284.	22 57,163.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STMT)	456,647.	24 551,689.
25 Total assets	494,931.	25 608,852.
26 Total liabilities (describe ▶ DUES PAYABLE)	200.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	494,731.	27 608,852.

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

Form **990-EZ** (2009)

SCANNED DEC 23 2009



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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SUPPORTING RESEARCH IN THEATRE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 TO FURTHER RESEARCH AND INSTRUCTION IN ALL ASPECTS OF THEATRE AND DRAMA SCHOLARSHIP(Grants \$) If this amount includes foreign grants, check here ☐**28a** 144,558.**29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32** 144,558.**Part IV List of Officers, Directors, Trustees, and Key Employees.**

List each one even if not compensated. (See the instr.)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
RHONDA BLAIR	PRESIDENT			
SO METH UN DALLAS TX 75206	5	0		
STACY WOLF	VICE-PRES			
PRINCETON PRINCETON NJ 08542	3	0		
WENDY ARONS	SECRETARY			
CARNEGIE M PITTSBURGH PA 15213	3	0		
TOBIN NELLHAUS	TREASURER			
YALE UNIV- NEW HAVEN CT 06511	3	0		
SUSAN BENNETT	DIRECTOR			
UNIV CALGA CALGARY CN	1	0		
BRANDI CATANESE	DIRECTOR			
UC BERKELE BERKELEY CA 94720	1	0		
DOROTHY CHANSKY	DIRECTOR			
TEXAS TECH LUBBOCK TX 79410	1	0		
LAURA EDMONDSON	DIRECTOR			
DARTMOUTH HANOVER NH 03755	1	0		
PENNY FARFAN	DIRECTOR			
UNIV CALGA CALGARY CN	1	0		
DAPHNE LEI	DIRECTOR			
UC IRVINE IRVINE CA 92697	1	0		
SCOTT MAGELSEN	DIRECTOR			
BGSU BOWLING GR OH 43403	1	0		
CHARLOTT MCIVOR	DIRECTOR			
UC BERKELE EMERYVILLE CA 94608	1	0		
SANDRA RICHARDS	DIRECTOR			
NORTHWESTE EVANSTON IL 60208	1	0		
RAMON RIVERA-SERVERA	DIRECTOR			
NORTHWESTE EVANSTON IL 60208	1	0		
REBECCA SCHNEIDER	DIRECTOR			
BROWN UNIV PROVIDENCE RI 02912	1	0		
MIKE SELL	DIRECTOR			
INDIANA UN INDIANA PA 15705	1	0		
PATRICIA YBARRA	DIRECTOR			
BROWN UNIV PROVIDENCE RI 02912	1	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	CO	
42a The organizations books are in care of	NANCY ERICKSON	Telephone no.
Located at	PO BOX 1798 CO BOULDER	ZIP + 4
		80306-
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
- b If "Yes," was the related organization a section 527 organization? 49b Yes No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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	<div style="text-align: center;"> Signature of officer TOBIN NELLHAUS Type or print name and title. </div>	<div style="text-align: center;"> 11/17/2010 Date </div>		
Paid Preparer's Use Only	Preparer's signature MARY ANN MCCLURE	Date 11/11/2010	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See instr.) P00031252
	Firm's name (or yours if self-employed), MS ACCOUNTING AND TAXES INC		EIN 31-1258335	
	address, and ZIP + 4 PO BOX 389 ATHENS OH 45701-		Phone no. 740-592-4625	
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations 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

AMERICAN SOCIETY FOR THEATER

Employer identification number

11-6110103

Part I	Reason for Public Charity Status	(All organizations must complete this part.) See instructions.
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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 a 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - 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 it 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?
 - (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)	Yes
--------	-----
 - (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)	
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 - h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

MAZ

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48815.	122061.	63231.	72568.	67740.	374415.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	58738.	60912.	72678.	93381.	70766.	356475.
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	107553.	182973.	135909.	165949.	138506.	730890.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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.)						730890.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	107553.	182973.	135909.	165949.	138506.	730890.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19372.	25717.	35863.	13217.	19975.	114144.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	19372.	25717.	35863.	13217.	19975.	114144.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	480.	159.				639.
13 Total support. (Add lines 9, 10c, 11, & 12.)	127405.	208849.	171772.	179166.	158481.	845673.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	86.43 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	88.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	13.50 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	11.59 %

- 19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

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

REIMBURSEMENTS

Detail Sheet

2009

Name: AMERICAN SOCIETY FOR THEATER

ID: 11-6110103

Description: INVESTMENT INCOME

[illegible]

Detail Sheet

2009

Name: AMERICAN SOCIETY FOR THEATER

ID: 11-6110103

Description: BENEFITS FOR MEMBERS

[illegible]

2009

ID: 11-6110103

[illegible]**Total**

12,300.

Detail Sheet

2009

Name: AMERICAN SOCIETY FOR THEATER

ID: 11-6110103

Description: PROFESSIONAL FEES

[illegible]

Detail Sheet

2009

Name: AMERICAN SOCIETY FOR THEATER

ID: 11-6110103

Description: PRINTING PUBLICATIONS POSTAGE SHIPPING

[illegible]

US 990 Other Expenses 2009				
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
BANK CHARGES AND FEES	1,433.			1,433.
DUES	2,072.			2,072.
FILING FEES	124.			124.
INSURANCE	1,450.			1,450.
OFFICE SUPPLIES	34.			34.
TELEPHONE/FAX	781.			781.
ANNUAL CONFERENCE EXPENSE	59,479.			59,479.
EXECUTIVE COMMITTEE MEETING EXP	11,845.			11,845.
WEBSITE EXPENSE	5,216.			5,216.
	82,434.			82,434.

Gain or Loss from Sales of Assets Other than Inventory

US 990-PF/EZ

990-EZ: Page 1, Line 5; 990PF: Page 12, Line 8

2009

Description	SECURITIES	
Date acquired		01/2008
How acquired	PURCHASE	
Date sold		03/2010
Purchaser name	VARIOUS	
Sales price		85,332.
Basis method	COST	
Basis		121,423.
Selling expense		
Accumulated depreciation		