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Form **990-EZ** 

OMB No 1545-1150 2009

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

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Section 501(c)(3) organizations and 431(q)(1) non-exempt place by the formal and the formal a		Α	For the 2009 cal	en <u>dar year</u>	r, or tax year begi	nning 07/01/09	and ending 0	6/30/2	LO		
Nome change   Intelligent		В	Check if applicable	Please	C Name of orga	anization				D Emp	loyer identification number
Name change   Interface   Name change   Interface   Name change   Name	[		ine Inc.								
Interaction   Special Control of the Control of t		_	_		WILLIAMS	SBURG PLAYERS	, INC.			54	-6049685
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Appleading medicing in the properties of the pro	Ì		Termination		PO BOX 9	91		•		75	7-220-0465
Application pending   Section 501(c) 30 organizations and 4407(0) 1 nonveximpt charitable trusts must attach   G Accounting method   Cesh   Cesh   Accounting method   Cesh   Cesh   Accounting method   Cesh   Cesh   Accounting method   Cesh   Accounting method   Cesh   Cesh   Cesh   Accounting method   Cesh   Ces	Ì	٦	Amended return		City or town, state	or country, and ZIP + 4				F Grou	up Exemption
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Tax-exempt status		ı	Website: ▶						H Check ▶	If the	e organization is not
K Check		J	Tax-exempt status	(check only o	ne) — X 501(c	c) ( 3 ) <b>∢</b> (insert no )	4947(a)(1) or	527	required to 990-EZ, or	attach Sch 990-PF)	nedule B (Form 990,
Ladd inas 5b, fb. and 7b, to line 90 return is not required, but if the organization chooses to life a return, be sure to file a complete return		ĸ	Check ▶	ıf the o			ing organization a	nd its gross			
Add lines St, Bb, and 7b, bine 9 to determine gross receipts, d \$500,000 or more, file Form \$90 instead of Form \$90 \cdot Part I   Teveruse, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			Form 990-EZ or		-			-	=	-	·
Part I							•				127,497
1   50,417   2   75,092   3   3   3   3   3   3   3   3   3										uctions	
2   Program service revenue including government fees and contracts   3   3   3   3   3   3   3   3   3			T								
3										2	· · · · · · · · · · · · · · · · · · ·
Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activates (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activates (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6b from line 7a) 8 Other revenue (describe \$ SEE STATEMENT 1 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 5c, 7c, and 8 10 Grants and smilar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaines, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe \$ SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other chapses in net assets for fund balances (attach explanation) 20 Other chapses in net assets for fund balances (attach explanation) 21 Part II Balance Sheets. If Total assets or fund balances (attach explanation) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe \$ SEE STATEMENT 4 ) 23 , 276 24 1, 7, 844 25 Total lassets 25 Total liabilities (describe \$ SEE STATEMENT 4 ) 24 , 529 25 1, 22 27 925, 1, 22 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 942, 529 27 925, 1, 22 27 925, 1, 22 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 942, 529 27 925			3 Members	hip dues a	and assessments					3	
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Section   Sec	2		c Gain or (lo	ss) from sale	e of assets other than	inventory (Subtract line 5b from	n line 5a)			5c	
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21   925,122   Part   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 )	1	ASS					. ,, (	J		19	942,529
21   925,122   Part   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 )		et/	20 Other ch	anges in ne	et assets or fund b	alances (attach explanation	n) SEI	E STAT	EMENT 3	20	-6,953
(See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ► SEE STATEMENT 4  25 Total assets  26 Total liabilities (describe ► (line 27 of column (B) must agree with line 21)  (A) Beginning of year  22 (A) Beginning of year  (B) End of year  22 24 6,592  24 17,844  25 Total assets  942,529 25 925,122  942,529 27 925,122	'	<b>z</b>	21 Net asse	ts or fund t	balances at end of	year Combine lines 18 thr	ough 20			21	925,122
22 Cash, savings, and investments       221,409 22 246,592         23 Land and buildings       697,844 23 660,686         24 Other assets (describe ► SEE STATEMENT 4       ) 23,276 24 17,844         25 Total assets       942,529 25 925,122         26 Total liabilities (describe ► 0 Net assets or fund balances (line 27 of column (B) must agree with line 21)       942,529 27 925,122		P	art II Bala	ance Sh	eets. If Total asse	ets on line 25, column (B) a	re \$1,250,000 or	more, file F	orm 990 instead	of Form 9	90-EZ
23 Land and buildings  24 Other assets (describe ► SEE STATEMENT 4  25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 660,686  29 23,276 24 17,844  29 925,122  20 0 26 0  21 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 22,529 27 925,122					(See the instruct	tions for Part II)		(A)	Beginning of year		(B) End of year
24 Other assets (describe       SEE STATEMENT 4       )       23,276       24       17,844         25 Total assets       942,529       25       925,122         26 Total liabilities (describe       )       0       26       0         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       942,529       27       925,122		22	Cash, savings, a	nd investm	ients					_	246,592
25 Total assets 26 Total liabilities (describe ► 942,529 25 925,122 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 942,529 27 925,122											660,686
26 Total liabilities (describe ►			•	scribe 🕨	SEE STA	TEMENT 4		)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 942,529 27 925,122									942,52	_	
					•			—·}——	040 50		<del></del>
		<u>27</u>							944,52	9 27	925,122

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Form **990-E∠** (2009)

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Form 990-EZ (2009) WILLIA	MSBURG PLAYERS, INC.	54	-6049685			Page 2
Part III Statement of Pr	ogram Service Accomplishment	s (See the instruc	tions for Part II	II.)	Е	xpenses
What is the organization's primary ex	empt purpose?				(Require	d for section
SEE STATEMENT 5					501(c)(3)	and 501(c)(4)
Describe what was achieved in carryi	ng out the organization's exempt purposes	In a clear and concise	•		organiza	tions and section
manner, describe the services provide	ed, the number of persons benefited, or oth	her relevant information	for		4947(a)(	1) trusts, optional
each program title					for others	s)
28 SEE STATEMENT 6					i l	
					İ	
(Grants \$	) If this amount includes foreign grants	s, check here	<u> </u>		28a	123,607
29 SEE STATEMENT 7						
(Grants \$	) If this amount includes foreign grants	s, check here	<u> </u>	L	29a	1,000
30						
(Grants \$	) If this amount includes foreign grants	s, check here			30a	
31 Other program services (attach s	chedule)					
(Grants \$	) If this amount includes foreign grants	s, check here	<u> </u>		31a	
32 Total program service expense	s (add lines 28a through 31a)			<b></b>	32	124,607
Part IV List of Officers, Dire	ectors, Trustees, and Key Employees. Lis					
(2)	Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,		Contributions to eyee benefit plans	(e) Expense & account and
(a)	Name and address	devoted to position	enter -0- )		rred compensation	
ED ALLEN	WILLIAMSBURG	PRESIDENT				
PO BOX 91	VA 23185	10.00	0			0 0
AMY PAYNE	WILLIAMSBURG	SECRETARY				
PO BOX 91	VA 23185	8.00	0			0 0
HUGH SIGGINS	WILLIAMSBURG	TREASURER				
PO BOX 91	VA 23185	8.00	0	_		0 (
SUSAN FOURNIER	WILLIAMSBURG	DIRECTOR				
PO BOX 91	VA 23185	4.00	0			0 0
MIGUEL GIRONA	WILLIAMSBURG	DIRECTOR				
PO BOX 91	VA 23185	4.00	0	ļ		0 0
JESSICA CROP	WILLIAMSBURG	DIRECTOR				
PO BOX 91	VA 23185	4.00	0			0 (
BOB SHEA	WILLIAMSBURG	DIRECTOR				
PO BOX 91	VA 23185	4.00	0	<u> </u>		0 (
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Form **990-EZ** (2009)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		.00	.,,,
	description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		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			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	4		
b	, ,	37b		X
38a				
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40a	, , , , , , , , , , , , , , , , , , ,			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	406		х
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,  4955, and 4958			
	1000, und 1000			
u	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
_	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ HUGH SIGGINS  Telephone no ▶ 757	-22	0-0	465
	PO BOX 91			
	Located at ▶ WILLIAMSBURG, VA ZIP+4 ▶ 23	185		
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		Yes	No
	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.			_
С	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			
				ı
			Yes	No
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			v
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	0 57	X (2000)
	F	orm <b>9</b> 9	·U-E2	(2009)

orm 990-EZ			-0049005	<del> </del>		<u>'age 4</u>
Part VI	Section 501(c)(3) organizations and section 4947(a					
	501(c)(3) organizations and section 4947(a)(1) none	exempt charitab	le trusts must	answer question	ons 46-49	b
	and complete the tables for lines 50 and 51.	·		<del></del>		
6 Did the	organization engage in direct or indirect political campaign activities of	n behalf of or in opp	position to		Yes	No
candida	ates for public office? If "Yes," complete Schedule C, Part I				46	X
7 Did the	organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II			47	X
	rganization operating a school as described in section 170(b)(1)(A)(ii)		Schedule E		48	X
	organization make any transfers to an exempt non-charitable related				49a	х
	was the related organization a section 527 organization?				49b	
	ete this table for the organization's five highest compensated employee	es (other than office	rs directors truste	es and kev		
	ees) who each received more than \$100,000 of compensation from the					
employ	(a) Name and address of each employee paid more	(b) Title and average hours per week		(d) Contributions to employee benefit plans &	(e) Expen	
	than \$100,000	devoted to position		deterred compensation	other allowa	
NONE						
				1		
·						
f Total n	umber of other employees paid over \$100,000		l	1		
1 TOTAL II	uniber of other employees paid over \$100,000	· –		_		
	00 of compensation from the organization. If there is none, enter "Non  Name and address of each independent contractor paid more than \$100,000.		Type of service	(c) C	ompensation	
NONE						
NONE						
					<u>-</u> -	
			<del></del>		<del></del>	
			·			
					<del></del>	
d Total n	umber of other independent contractors each receiving over \$100,000					
d Total n	umber of other independent contractors each receiving over \$100,000			<u> </u>		
	Under penalties of perjury, I declare that I have examined this return, including	a a a a a a a a a a a a a a a a a a a	ulan 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 al	l information of which	preparenhas any kno	wledge	
Sign	he & Sugar	·	5/1	1/11		
	And the last the second		050-	7//		
Here	Connetius of attigat		Date			
	Signature of officer HIIGH STGGTNS	TRE	Date ASURER	-		
	HUGH SIGGINS	TRE	ASURER			
	HUGH SIGGINS  Type or print name and title		ASURER	Preparer's Iden	tıfvına Number (S	Gee instr \
	HUGH SIGGINS  Type or print name and title  Preparer's Author Caldium	Date	Check if self-		tifying Number (S	Gee instr )
Paid	HUGH SIGGINS  Type or print name and title  Preparer's signature  ANDREA SALAMY	Date 05/13	Check if self-	▶□ P0070	5827	
Preparer's	HUGH SIGGINS  Type or print name and title  Preparer's signature  ANDREA SALAMY  Firm's name (or yours DAUGHTREY & HAAD, P. 0	Date 05/13	Check if self-	▶□ P0070		
Preparer's	HUGH SIGGINS  Type or print name and title  Preparer's signature  ANDREA SALAMY  Firm's name (or yours DAUGHTREY & HAAC, P. 0  if self-employed), 351 MCLAWS CIRCLE SU	Date 05/13	Check if self-	P0070 EIN ▶ 5 Phone	5827 4-1205	579
Preparer's Use Only	HUGH SIGGINS  Type or print name and title  Preparer's signature  ANDREA SALAMY  Firm's name (or yours if self-employed), address, and ZIP + 4  HUGH SIGGINS  Type or print name and title  ANDREA SALAMY  DAUGHTREY & HAAD, P. 0  351 MCLAWS CIRCLE SU: WILLIAMSBURG, VA 23:	Date 05/13	Check if self-	P0070 EIN ▶ 5 Phone	5827	579
Preparer's Use Only	HUGH SIGGINS  Type or print name and title  Preparer's signature  ANDREA SALAMY  Firm's name (or yours of self-employed),  If self-employed),  ANDREA SALAMY  ANDREA SALAMY  ANDREA SALAMY  FIRM's name (or yours of self-employed),  351 MCLAWS CIRCLE SU	Date 05/13	Check if self-	P0070 EIN ▶ 5 Phone	5827 4-1205	579

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

**Public Charity Status and Public Support** 

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

2009 Open to Public ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WILLIAMSBURG PLAYERS, INC.

Employer identification number 54-6049685

OMB No 1545-0047

									<del></del>		<del></del>		
	art l			Status (All organizations				part.)	<u>See ır</u>	<u> istruc</u>	tions.		
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	y one box	()						
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(ʻ	I)(A)(i).						
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)(	iii).						
4		A medical res	search organization operate	d in conjunction with a hospital o	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	ospital's name	e.	
	_	city, and state					•	,,,,,	•				
5		An organizati	on operated for the benefit	of a college or university owned	or operat	ed by a o	overnme	ental uni	t descri	bed in			
			b)(1)(A)(iv). (Complete Part		о, оролог	, . <u>.</u>		Jiniai ani					
6				overnmental unit described in s	action 17	/0/h\/4\/A	W						
7	X		-	substantial part of its support from				from the		مراطريم اد			
•			section 170(b)(1)(A)(vi). (Co		um a gove	emmenta	i unit or	nom the	genera	ai public	,		
۰					11.5								
8	$\vdash$	-		170(b)(1)(A)(vi). (Complete Part	•				_				
9	Ш			1) more than 33 1/3 % of its sup						-			
				npt functions—subject to certain									
				nd unrelated business taxable in				() from b	ousines	ses			
		· •	<del>-</del>	0, 1975 See section 509(a)(2).			•						
10	Щ			exclusively to test for public safe									
11		-	•	exclusively for the benefit of, to	•								
		purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1		
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	mplete li	nes 11e	through	<b>1</b> 1h				
		a Type	l b Type II	c Type III-Functions	ally integr	ated	d	Тур	e III–Ot	her			
е	$\Box$	By checking t	this box, I certify that the org	anization is not controlled direc	tly or ındıı	ectly by	one or m	ore disc	jualified				
		persons othe	r than foundation managers	and other than one or more put	olicly supp	orted org	janizatio	ns desc	ribed in	section	า		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	ог Туре	III suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
•		following per	rsons?			•							
		• .		ontrols, either alone or together	with perso	ons descr	ibed in (	II)				Yes	No
			•	f the supported organization?				,			11g(i)	+	
			member of a person describ								11g(#		
		•	·	described in (i) or (ii) above?							11g(ii		
h			• •	he supported organization(s)							[119]	И	
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the (	organization	(v) Did v	ou notify	/vi\	s the	(vir) Am	nount of	
١٠,		anization	(11) 2.114	(described on lines 1–9	1 ' '	sted in your		nization in	organizat		, ,	port	
				above or IRC section	governing	document?		of your		zed in the S ?			
				(see instructions))	Yes	No	Yes	No No	Yes	No			
		··			163	- 110	163	140	163	110	-		-
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		<del></del>			<del> </del>				<del></del>				
								:	]				
									<del> </del>		-,-		
			<del> </del>		<del> </del>				<del> </del>	$\vdash$			
											<del></del>		
4-			E						1				

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

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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Page	3

Pa	Support Schedule for				2)		
Sec	(Complete only if you cation A. Public Support	necked the box	On line 9 of Pa	III I.)		· · · · · · · · · · · · · · · · · · ·	
	lendar 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")	(8) 2000	(b) 2000	(0) 2001	(4) 2000	(6) 2003	(I) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u> </u>			
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, 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						
С	Add lines 7a and 7b				<u> </u>		
8 —	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T		1		
Ca	lendar year (or fiscal year 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 from similar sources						
b	Unrelated business taxable income (les section 511 taxes) from businesses acquired after June 30, 1975	s					
С	Add lines 10a and 10b		<b>_</b>			ļ	····
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	he organization's firs	t second third for	uth or fifth tax ve	i ar as a section 50:	1(c)(3)	
14	organization, check this box and stop h	_	t, second, tima, to	sitil, or martax yo	ar as a section of	.(0)(0)	▶ [
Sec	tion C. Computation of Public		tage				
15	Public support percentage for 2009 (line			nn (f))		15	%
16	Public support percentage from 2008 S	• •	·	<b>、</b>		16	%
	tion D. Computation of Investr		•				
17	Investment income percentage for 2009			, column (f))		17	%
18	Investment income percentage from 20	08 Schedule A, Part	III, line 17			18	%
19a	, ,	_					
	17 is not more than 33 1/3 %, check thi						▶ _
b	33 1/3 % support tests—2008. If the or	-					. ┌
	line 18 is not more than 33 1/3 %, chec	•	_				₹  -
20	Private foundation. If the organization	did not check a box	on l <u>ine 14, 19a, or</u>	Tab, check this bo	x and see instruct	IUIIS	🚩 📗

Page 4

Schedule A (Form 990 or 990-EZ) 2009 WILLIAMSBURG PLAYERS, INC. 54-6049685

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.

PART II, LINE 10 - OTHER INCOME DETAIL

**MISCELLANEOUS** 

\$

5,091

Form **4562** 

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

Identifying number

	<u> WILLIAM</u>	SBURG PLAY	ERS, INC.				54-	<u>604</u>	9685
	ss or activity to which this form relates IDIRECT DEPRECIATI								
Pa		se Certain Prop			ı con	nplete P	art I.		
1	Maximum amount See the instruct					- <u></u>		1	250,000
2	Total cost of section 179 property p	_		-			Ì	2	
3	Threshold cost of section 179 prop	•	•	uctions)				3	800,000
4	Reduction in limitation Subtract lin	·-		•			ľ	4	
5	Dollar limitation for tax year Subtract line			filing separately, s	ee insti	ructions	İ	5	
6	(a) Description			Cost (business use			lected cost		
<u> </u>					_		~		
7	Listed property Enter the amount f	rom line 29	<del></del>		7				
8	Total elected cost of section 179 pe		s in column (c), lines 6	and 7				8	
9	Tentative deduction Enter the small	• •						9	
10	Carryover of disallowed deduction						•	10	· · · · · · · · · · · · · · · · · · ·
11	Business income limitation Enter t			an zero) or line :	5 (see	instruction	ıs)	11	
12	Section 179 expense deduction A		•	•	- (000		,	12	
13	Carryover of disallowed deduction	•		<b>&gt;</b>	13	111111			
	Do not use Part II or Part III below								
	rt II Special Depreciation			ation (Do no	t inc	lude list	ed prope	erty.)	(See instr)
14	Special depreciation allowance for								
	during the tax year (see instruction		, . ,	27.1				14	
15	Property subject to section 168(f)(1	•						15	
16	Other depreciation (including ACR							16	42,586
	rt III MACRS Depreciati		ude listed property	/.) (See instr	uctio	ns.)			
			Section A	-		•			
17	MACRS deductions for assets place	ed in service in tax	years beginning before	2009				17	0
18	If you are electing to group any assets p				ccounts	s, check her	e ▶ 🔲 🛚		
			rvice During 2009 Tax					stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment under only-see instructions)	se (a) normal	(e) C	convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
	15-year property								
f	20-year property					•			
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		ММ	S/L		
	property			27 5 yrs		ММ	S/L		
i	Nonresidential real			39 yrs		MM	S/L		
	property					MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2009 Tax	ear Using the	Altern	ative Depi	reciation S	Systen	n
20a	Class life						S/L		
	12-year			12 yrs			S/L		
	40-year			40 yrs		MM	S/L		
	rt IV Summary (See ins	tructions.)							
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, I		lines 19 and 20 in colu	mn (g), and line	21 Eı	nter here			
	and on the appropriate lines of you							22	42,586
23	For assets shown above and place								
	portion of the basis attributable to		<u> </u>		23				

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54-6049685

# **Federal Statements**

FYE: 6/30/2010

## Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	An	mount	
MISCELLANEOUS	\$	10	
TOTAL	\$	10	

## Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	 \$
ADVERTISING	5,177
OFFICE	654
INSURANCE	3,346
TELEPHONE	3,670
PRODUCTION	42,216
PREMIER OPENING	1,609
INTERNET	844
REPAIRS AND MAINTENANCE	8,428
UTILITIES	12,607
SERVICE CHARGES	1,241
SCHOLARSHIPS	1,000
MISCELLANEOUS	535
CAPITAL CAMPAIGN ADMINIST	8
VOLUNTEER DEVELOPMENT	528
TOTAL	\$ 81,863

## Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
UNREALIZED GAIN ON INVESTMENT	\$ 488
CLOSED SCHOLARSHIP BANK ACCOUNT	 -7,441
TOTAL	\$ -6,953

## Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
FURNITURE AND FIXTURES LESS ACCUMULATED DEPRECIATION	\$ 63,552 40,276	\$ 63,552 45,708
	 23,276	17,844

54-6049685

## **Federal Statements**

FYE: 6/30/2010

#### Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO PROVIDE A COMMUNITY THEATRE COMMITTED TO ENRICHING AND BROADENING THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER TIDEWATER COMMUNITY. TO PRESENT PROFESSIONAL QUALITY THEATRE PRODUCTIONS WHICH CHALLENGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR AUDIENCES, MEMBERS AND VOLUNTEERS. HANDS ON TEACHING AND SCHOLARSHIP PROGRAMS PROVIDE OPPORTUNITIES FOR EDUCATION, EXPERIENCE, GROWTH, AND CHALLANGE.

# Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

TO ENRICH AND BROADEN THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER TIDEWATER COMMUNITY BY PRESENTING PROFESSIONAL QUALITY THEATRE PRODUCTIONS WHICH CHALLENGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR AUDIENCES, MEMBERS AND VOLUNTEERS.

# Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

#### Description

TO PROVIDE \$500 SCHOLARSHIPS TO COLLEGE STUDENTS WHO HAVE A RELATED "ARTS" MAJOR. THE APPLICANTS MUST BE LOCAL HIGH SCHOOL SENIORS WHO PLAN TO GO TO COLLEGE AND MAJOR IN SOME ASPECT OF THEATRE OR DANCE. THIS INCLUDES ACTING, LIGHTING DESIGN, SCENE DESIGN, DIRECTING, ETC. THE STUDENTS ARE ASKED TO MAKE AN APPLICATION TO OUR SCHOLARSHIP COMMITTEE DURING THE LAST HALF OF THEIR SENIOR YEAR. IN ADDITION TO THE APPLICATION, AN AUDITION OR DISPLAY OF WORK ALREADY DONE IS ASKED FOR, DEPENDING UPON THE FIELD OF STUDY THEY ARE PLANNING TO PURSUE. THE COMMITTEE EVALUATES ALL MATERIAL PROVIDED AND ATTEMPTS TO SELECT TWO RECIPIENTS EVERY YEAR.