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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

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning Aug 1, 2009, and ending Jul 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
COMMUNITY CHILDRENS THEATRE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
120 SCENIC BLUFF DRIVE
 City or town, state or country, and ZIP + 4
EAST PEORIA IL 61611

D Employer identification number
37-1150921

E Telephone number
(309) 699-7505

F Group Exemption Number

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 32,214.**

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	880.
	2	Program service revenue including government fees and contracts	2	30,918.
	3	Membership dues and assessments	3	
	4	Investment income	4	416.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
EXPENSES	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	32,214.
	10	Grants and similar amounts paid (attach schedule)	10	2,000.
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	250.
	14	Occupancy, rent, utilities, and maintenance	14	2,365.
	15	Printing, publications, postage, and shipping	15	581.
	16	Other expenses (describe ► See Other Expenses Statement)	16	34,985.
	17	Total expenses. Add lines 10 through 16	17	40,181.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,967.
	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	54,070.
	20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-473.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	45,630.	

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	52,089.	44,270.
23 Land and buildings	0.	0.
24 Other assets (describe ► See L-24 Stmt)	1,981.	1,360.
25 Total assets	54,070.	45,630.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,070.	45,630.

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? EDUCATIONAL/PERFORMING ARTS

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, or other relevant information for each program title

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

28	EDUCATE COMMUNITY CHILDREN ABOUT PERFORMING ARTS AND PROVIDE COMMUNITY ACCESS TO CHILDRENS PROGRAMS IN THE PERFORMING ARTS.	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,181.
29		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	40,181.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SUE BLASCO 1917 W BEL AIRE PEORIA IL 61614	PRESIDENT 1.00	0.	0.	0.
SALLY ROBERTSON 7233 N CRABAPPLE COURT PEORIA IL 61614	PRES ELECT 1.00	0.	0.	0.
KRIS GRIFFITH 120 SCENIC BLUFF DRIVE EAST PEORIA IL 61611	TREASURER 1.00	0.	0.	0.
CATHY BRYANT 3817 KATHY LANE PEORIA IL 61616	SECRETARY 1.00	0.	0.	0.
LISA CHAMBERLAIN 1903 E SAINT JUDE COURT PEORIA HEIGHTS IL 61616	DIRECTOR 1.00	0.	0.	0.
KARA HARR 108 WALNUT DR EAST PEORIA IL 61611	DIRECTOR 1.00	0.	0.	0.
DAWN KOCHER 5202 W FIELDSTONE DR PEORIA IL 61615	DIRECTOR 1.00	0.	0.	0.
KATHY MALONEY 915 W NORTHCREST AVE PEORIA IL 61614	DIRECTOR 1.00	0.	0.	0.
ERIN PANTAGES 5821 N ROSEWOOD PEORIA IL 61615	DIRECTOR 1.00	0.	0.	0.
REBECCA SIERRA 1919D CANTERBURY PEORIA IL 61571	DIRECTOR 1.00	0.	0.	0.
MARY ELLEN ULRICH 1727 MAPLE RIDGE DR PEORIA IL 61614	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

34		X
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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?

35a		X
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35b		
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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
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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		X
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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
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b	
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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 **0.**, section 4912 **0.**, section 4955 **0.**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40b		X
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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
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41 List the states with which a copy of this return is filed **Illinois**

42a The organization's books are in care of **KRIS GRIFFITH, TREASURER** Telephone no **(309) 699-7505**
Located at **120 SCENIC BLUFF DRIVE** **EAST PEORIA** **IL** ZIP + 4 **61611**

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)?

	Yes	No
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 a 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
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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	<input type="checkbox"/>
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44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
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	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

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.'

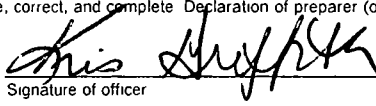

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **0**

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 **0**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer KRIS GRIFFITH, TREASURER Type or print name and title	12/15/10 Date TREASURER	
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 TERRY C BEINTEMA CPA 416 MAIN ST STE 1302 PEORIA IL 61602-1133	Date 12/15/10 Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) (309) 495-9080

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

☐ Yes ☒ No

BAA

Form 990-EZ (2009)

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

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

Section A. Public Support

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

Section C. Computation of Public Support Percentage

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal 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'.)	984.	446.	744.	606.	880.	3,660.
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	24,270.	30,371.	24,647.	33,040.	30,918.	143,246.
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	25,254.	30,817.	25,391.	33,646.	31,798.	146,906.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						146,906.

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	25,254.	30,817.	25,391.	33,646.	31,798.	146,906.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,815.	3,883.	-525.	-86.	-57.	5,030.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,815.	3,883.	-525.	-86.	-57.	5,030.
11 Net income from unrelated business activities not included on 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 lns 9, 10c, 11, and 12.)						151,936.
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	96.69 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.02 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.31 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.98 %

- 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.

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings present.

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return
COMMUNITY CHILDRENS THEATRE

Employer Identification No
37-1150921

Line 24 - Other Assets:	Beginning of Year	End of Year
PRODUCTION & SOUND EQUIPMENT	1,921.	1,300.
KEY DEPOSIT	60.	60.
Totals to Form 990-EZ, Part II, line 24	1,981.	1,360.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BOARD EXPENSES	24.
DUES & SUBSCRIPTIONS	185.
INSURANCE	995.
MEALS & ENTERTAINMENT	239.
MEMORIALS MADE	316.
MISC EXPENSE	2.
OFFICE EXPENSE	68.
OTHER PRODUCTION EXPENSES	12,905.
OTHER PRODUCTION STANDARDS	4,148.
PARK DISTRICT FEES	4,771.
STAFFING & PRODUCTION FEES	6,618.
STORAGE EXPENSE	115.
SUPPLIES	16.
TECHNOLOGY	95.
DRAMA FEST CONCESSION EXPENSE	185.
LOBBY CONCESSION EXPENSE	2,499.
SHOW SHIRT EXPENSE	1,183.
Depreciation	621.

Total 34,985.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LISA VOYLES 1979 COUNTY ROAD 2100N BENSON IL 61516 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LINDA HUFF 2218 N PROSPECT ROAD PEORIA IL 61603 Foreign city _____ Foreign country _____	Title EX-OFFICIO Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment SUPPORT COMMUNITY THEATRE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DONATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PEORIA PLAYERS THEATRE 4300 N UNIVERSITY ST PEORIA IL 61614	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PROMOTE COMMUNITY THEATRE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RAHMELL BROWN	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON AIM INVESTMENT	-418.
UNREALIZED LOSS ON ALLIANCE INVESTMENT	-55.
Total	<u>-473.</u>

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
DIRECTORS GIFT COLLECTIONS	480.
DONATIONS RECEIVED	100.
MEMORIALS RECEIVED	300.
Total	<u>880.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
DRAMA FEST CONCESSIONS	306.
TICKET SALES	24,549.
LOBBY SALES	3,569.
SHOW SHIRTS	1,503.
CAST PARTY	991.
Total	<u>30,918.</u>

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
SAVINGS INTEREST	7.
MONEY MARKET INTEREST	11.
CD INTEREST	398.
Total	<u>416.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
ACCOUNTING FEES	250.
Total	<u>250.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
RENT-PRODUCTION EXPENSE	825.
STORAGE RENTAL	1,540.
Total	<u>2,365.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
POSTAGE & DELIVERY-GENERAL	20.
POSTAGE & DELIVERY	308.
PRINTING & REPRODUCTION	253.
Total	<u>581.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-7

Description	Amount
COPIES	46.
CHECKS	22.
Total	<u>68.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-8

Description	Amount
OTHER PRODUCTION EXPENSES	
AUDITION EXPENSES	33.
CAST PARTY COSTS	1,042.
CAST & STAFF REFRESHMENTS	97.
DIRECTORS & STAFF GIFTS	623.
PHOTOS	111.
PUBLICITY	330.
ROYALTIES & SCRIPTS	10,161.
SCRIPT DEPOSIT	60.
PRIZES	60.
SUPPLIES	80.
STAFF SHIRTS	336.
PERUSAL COPIES	-28.

Continued

Supporting Statement of:

Form 990-EZ/Line 16, Amount-8

Description	Amount
Total	<u>12,905.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-9

Description	Amount
OTHER PRODUCTION STANDARDS	
BATTERIES	268.
CLEANING & SHIPPING	253.
COSTUMES	1,058.
HAIR & MAKE UP	395.
MISC PRODUCTION EXPENSE	204.
PROPS	237.
SETS & SCENERY	1,523.
SOUND EQUIPMENT	210.
Total	<u>4,148.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
CHECKING ACCOUNT	15,805.
SAVINGS ACCOUNT	2,441.
MONEY MARKET ACCOUNT	19,027.
AIM CHARTER FUND	12,693.
ALLIANCE BERNSTEIN LARGE CAP	2,123.
Total	<u>52,089.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
CHECKING ACCOUNT	8,014.
HERITAGE BANK SAVINGS	1,515.
BUSEY BANK CD	20,398.
AIM CHARTER FUND	12,275.
ALLIANCE BERNSTEIN LARGE CAP	2,068.

Continued

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Total	<u>44,270.</u>

Supporting Statement of:

Other Assets & Liabilities: Form 990-EZ/Line 24 Beginning of Year-1

Description	Amount
COST	10,856.
ACCUMULATED DEPRECIATION	-8,935.
Total	<u>1,921.</u>

Supporting Statement of:

Other Assets & Liabilities: Form 990-EZ/Line 24 End of Year-1

Description	Amount
COST	10,856.
ACCUMULATED DEPRECIATION	-9,556.
Total	<u>1,300.</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

COMMUNITY CHILDRENS THEATRE

Business or activity to which this form relates

Identifying number

37-1150921

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	621.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

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

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

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

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	621.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If 'Yes,' is the evidence written?		Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44