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588300 Pg 11 5 Form 1990

Department of the Treasury

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)

OMB No 1545-0047 2009 Open to Public

9-17

Inter	nal Revenue	Service	The organization may have to use a copy of this return to satisfy s		urements	Inspection
Α	For the 200	9 calendar y	ear, or tax year beginning $09/01/09$, and ending $08/31/$	10		
В	Check if applical	ble Please	C Name of organization		D Emplo	yer identification number
	Address change	use IRS	PENNSYLVANIA YOUTH THEATRE			
\equiv	_	label or	Doing Business As		1 23-	2380315
	Name change	print or type.		Room/suite	1	one number
	Initial return	See	Number and street (or P O box if mail is not delivered to street address)	Roomvadite		-332-1400
\equiv	T	Specific	25 W THIRD STREET		1	242 226
	Termination	instruc-	City or town, state or country, and ZIP + 4		G Gross rece	ipts\$ 648,326
	Amended return	tions	BETHLEHEM PA 18015		1	
	Application pen	_{dino} F Nam	e and address of principal officer		H(a) Is this	a group return for
ய	,рр	MA	RK NEBBIA		affiliate	
		25	W. THIRD STREET		H(b) Are all include	affiliates Yes No
		BE	THLEHEM PA 18015			attach a list (see instructions)
$\overline{}$	Tax-exempt		501(c) (3) ∢ (insert no) 4947(a)(1) or . 527		1	attack a list (oos mossacro)
			123PYT.COM			auamatian aumbar
	Website.				000	exemption number
		zation X Co		Year of formation	L987	M State of legal domicile PA
P	art I	Summa	ry			·
			the organization's mission or most significant activities			
a	E	DUCATIN	G, ENTERTAINING AND ENRICHING THE LIVES OF Y	OUNG PEOPLE	E AND TH	IEIR
2	F	AMILIES	THROUGH THE ART OF THEATRE.			
na						
Υe	0.05	_1. Al 1 N		050/ of the mot or		
Governance	1		If the organization discontinued its operations or disposed of more than	1 25% OF Its net as	1 1	1 1
∞ರ	I		g members of the governing body (Part VI, line 1a)		3	11
es	4 Num	iber of indep	pendent voting members of the governing body (Part VI, line 1b)		4	11
Activities &	5 Tota	I number of	employees (Part V, line 2a)		5	7
Ę	6 Tota	I number of	volunteers (estimate if necessary)		6	200-250
•			lated business revenue from Part VIII, column (S) Line (2)//FD		7a	
		_	isiness taxable income from Form 990-T, lipe 34		7b	0
_		arm clated be		Prior Y		Current Year
Re√zn22011	8 Conf	tahutions an			5,313	153,115
7	0 Droo		revenue (Part VIII, line 2g)		3,249	494,846
₽,	9 Prog	•	revende (rait vin, inte 29)		,,,,,,,	434,040
á	10 Inve		me (Part VIII, column (A), lines 3, 4, and 7d)		401	265
G	11 Othe	er revenue (1	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		481	365
ANG.	12 Tota	l revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70	9,043	648,326
	1 10 0101	nts and simi	ar amounts paid (Part IX, column (A), lines 1-3)			
	14 Bene	efits paid to	or for members (Part IX, column (A), line 4)			
Щ	15 Sala	ries other o	compensation, employee benefits (Part IX, column (A), lines 5–10)	13	32,055	164,646
3	16a Prof		draising fees (Part IX, column (A), line 11e)			
g.	10a 1 101					
CEXPB.	b lota			E /	2 447	126 962
O.		-	(Part IX, column (A), lines 11a-11d, 11f-24f)		2,447	426,862
	18 Tota	il expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		4,502	591,508
	19 Rev	enue less e	penses Subtract line 18 from line 12		34,541	56,818
Net Assets or	200			Beginning of C		End of Year
set	20 Tota	ıl assets (Pa	rt X, line 16)		2,762	122,678
ξè	21 Tota	al liabilities (Part X, line 26)	20	8,897	161,995
2	22 Net	assets or fu	nd balances Subtract line 21 from line 20	-9	6,135	-39,317
	Part II	Signatu	ire Block			
			ilties of perjury, I declare that I have examined this return, including accompanying sched	ules and statements	and to the he	st of my knowledge
		and belief,	t is true, correct, and complete Declaration of preparer (other than officer) is based on al	l information of which	n preparer has	any knowledge
٠.		8	W/1-71.//			2/1/11
Si	_	<u> </u>	1164 I WWW.		I V	1111
He	ere		ure of officer		Date	
		MZ	ARK NEBBIA PRE	SIDENT		
		Type o	r print name and title			
		Deservation	Date	Chec	k ıf	Preparer's identifying number
Pa	id	Preparer's signature	A () // > Distant CVA	self-		(see instructions)
	eparer's	3-griature	<u> </u>	OT/IT empl	oyed ▶ L_	P00019652
	se Only	Firm's nam	BUCKNO LISICKY & COMPANY, P.C.		EIN D	23-2426656
J 3	y	if self-emple	byed). 1524 W LINDEN ST		Phone	
		address, ar	d ZIP + 4 ALLENTOWN, PA 18102-4251		no 🕨	610-821-8580
Ма	y the IRS d	liscuss this i	return with the preparer shown above? (see instructions)			X Yes No
_			erwork Reduction Act Notice, see the separate instructions			Form 990 (2009)
DA			, , , , , , , , , , , , , , , , , , , ,			(2)

rm 990 (2009) PI	ENNSYLVANIA YO	OUTH THEATRE	23-2380	315	Page 2
		ervice Accomplishment			
1 Briefly describe EDUCATING	the organization's mission F, ENTERTAININ	G AND ENRICHING RT OF THEATRE.		YOUNG PEOPLE	AND THEIR
the prior Form	cation undertake any signific 990 or 990-EZ? be these new services on S	ant program services during the	e year which were not listed	don	Yes X No
services?	_	make significant changes in ho	w it conducts, any program		Yes X No
4 Describe the ex Section 501(c)((3) and 501(c)(4) organization	ts for each of the organization's ons and section 4947(a)(1) trust ond revenue, if any, for each pro	ts are required to report the	• •	
SELF-CONE	M DEVELOP THEI FIDENCE, AND A ALLY, THROUGH	254,306 including gra TTEND PERFORMIN R TALENTS, LEAR CQUIRE AN APPRE SCHOLARSHIPS, P	G ARTS CLASSE N TO THINK CR CIATION AND U	EATIVELY, DEVINDERSTANDING (OF THE ARTS.
PLAYS AND LANGUAGE	NUALLY, SEEN E ARTS CURRICUL	205,369 including grassionally product 12,000 - 18,000 UM OF AREA SCHONDERSERVED CHIL	CES 3-4 LITER 00. THESE PRO OLS. PYT'S VI	DUCTIONS AUGM GOROUS OUTREA	ENT THE CH PROGRAMS
4c (Code) (Expenses \$	ıncluding gra	ants of \$) (Revenue \$)
	ı services (Describe in Schr	•			
(Expenses \$		including grants of \$) (Rever	nue \$)
4e Total program	n service expenses 🕨	459,675			

Pa	art 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	Х	
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			72
_	Schedule C, Part II	4		<u> </u>
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	1	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		Х
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 related 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 report are amount for other liabilities in reach, line 23° in rest, complete Schedule B, reach			
•	the organization'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 statements 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 statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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	4-		
4 -	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	47		x
4 Q	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		^
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
. •	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

Form	990 (2009) PENNSYLVANIA YOUTH THEATRE 23-2380315		P	age 4
Pa	art 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 2º If "Yes," complete Schedule 1, 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		ľ	:
	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, 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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	235		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	x	
		26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			.,
а	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
С	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	i		İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	1
	sections 301.7701-2 and 301 7701-37 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,			1
	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	İ		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X

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,

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.

Form **990** (2009)

37

37

38

9315 Page 5

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				_	
				_	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		39			
	U.S. Information Returns. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and regaming (gambling) winnings to prize winners?	Julani	E	10	1	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	f I		10	_	
2 a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		L	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				\top	\top
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a		<u> </u>
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 duning the calendar year, did the organization have an interest in, or a signature or other a	authori	ıty		l	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?				-	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					x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region			<u> 51.</u>	+	+^
С	Prohibited Tax Shelter Transaction?	arung		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie		100	+	1
-	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 contribution	ns or				
	gifts were not tax deductible?			61		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?					<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7t		+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as .				3.5
_	required to file Form 8282?	1	ı	70		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersona	di	76	.	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		71		$\frac{x}{x}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				\top	
	required?			71		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		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			98		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?			91	<u> </u>	
10	Section 501(c)(7) organizations. Enter	۱	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	 			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIVE				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a	ŀ	Ì		
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
	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		?	12	a l	L
b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			

25 W. THIRD STREET

PA 18015

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 No Yes 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 X 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? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 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 X 12b rise to conflicts? 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 Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 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 Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 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

BETHLEHEM

organization > PAUL DAVISON

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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 organizatio	•	nsate	e any	y cur	rent	officer, o	firector, or trustee		
(A) Name and Title	(B) Average								(F) Estimated
	hours per week	or director		Officer	Key employee	Former Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK NEBBIA									
PRESIDENT	35.00	X		X			0	0	0
DOREEN BUCHMAN									
VICE PRESIDENT	2.00	X		X			0	0	0
PAUL DAVISON									
TREASUER	4.00	X		X]]	0	0	0
GEORGE SAMUELSON									
SECRETARY	2.00	X		X			0	0	0
CHARLENE ZEBROWSI	I AUGEL	to							
DIRECTOR	2.00	X					0	0	0
SANDOR ENGEL									
DIRECTOR	2.00	X				1	0	0	0
JAMES PECK									
DIRECTOR	2.00	\mathbf{x}					0	0	0
ANU SACHDEV						,			
DIRECTOR	2.00	X		İ			0	0	0
CIDNEY B. SPILLM	N								
DIRECTOR	2.00	X					0	0	0
LINDA KOONTZ									
DIRECTOR	2.00	X					0	0	0
RAQUEL O'BRIEN									
DIRECTOR	2.00	X			İ		0	0	0
GARY MINYARD									
ARTISTIC DIRECTOR	40.00			X			38,462	0	309
BETH STARBUCK									
MANAGING DIRECTOR	40.00			X			37,823	0	4,360
		\vdash							
					-				
		-	_						
				l					

om 990 (Part VII								an	23-238 d Highest Compensated		Pag
rait VII	(A) ,		13100.	3, 144	_	C)	yees	, a : i	(D)		(5)
	(B) Average hours per week	hours per					pply) Former		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
						-					
			-								,
		1			ŀ			L	76.005		1.0
1b Tota 2 Tota		acludina but not	limite	ed to	thos	ورا م	ted s	▶	76,285 e) who received more than		4,6
	table compensation from					JC 113		1004	c) who received more than	Ψ100,000 m	
empl 4 For a the c indiv 5 Did a	oyee on line 1a? If "Yes, any individual listed on lin irganization and related o idual	" complete School complete Sch	edule n of re eater ccrue	J for eport than com	r suc able \$15 pens	ch ind com 60,00 satioi	dividu ipens 10° If	ual satio "Ye: m an	oyee, or highest compensation and other compensation s," complete Schedule J for unrelated organization for such person	from r such	3 4 5
	3. Independent Contract		3, 00	- Dic		01100		, 101	oddir person		
	plete this table for your fi pensation from the organ		pensa	ated	ınde	pend	dent (conti	ractors that received more	than \$100,000 of	
		(A) I business address							Descrip	(B) otion of services	(C) Compensation
		*							ш.		
	I number of independent than \$100,000 in compe			_			ed to	tho	se listed above) who receiv	ved	0
AA											Form 990 (2

Pa	rt VI	III Statement of Reve	nue						
	,,	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a						
La C		Membership dues	1b						
g,e		Fundraising events	1c						
a H		Related organizations	1d						
S,E		Government grants (contributions)	1e		34,454				
rion S		All other contributions, gifts, grants,							
혈		and similar amounts not included above	1f		118,661				
받	g	Noncash contributions included in lines 1a-							
Se	-	Total. Add lines 1a-1f			▶ 1	153,115			
Program Service Revenue Contributions, gifts, grants	-			,	Busn. Code				i
,e	2a	CLASS TUITION & SCH	OOL II	NCOME	611600	351,006	351,006		
& Se	ь	PRODUCTIONS			711300	139,540	139,540		
/ice	С	OUTREACH			711110	4,300	4,300		
Sen	d								
Ē	е							-	
g	f	All other program service reve	nue						
ے	g	Total. Add lines 2a-2f			>	494,846			
	3	Investment income (including	dıvıden	ds, intere	est, and				
		other similar amounts)			▶ _				
	4	Income from investment of tax	-exemp	ot bond p	roceeds 🕨 📗				
	5	Royalties			•				
		(ı) Real		(II) F	ersonal				
	6a	Gross Rents							
	ь	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from (i) Securities sales of assets	s	(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)				-			
	d	Net gain or (loss)	г	 	<u> </u>				···
ine	8a	Gross income from fundraising eve	nts		i				
ent		(not including \$							
Rev		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	a						
Oth		Less direct expenses	. b[
		Net income or (loss) from fund		events	-				
	ча	Gross income from gaming activities	i						
		See Part IV, line 19	a b						
		Less direct expenses	~ [•				
		Net income or (loss) from garr Gross sales of inventory, less		ivities					
	iva	returns and allowances			į				
	.	Less cost of goods sold	a b						
		Net income or (loss) from sale	~ [enton/	•		1		
	<u> </u>	Miscellaneous Revenue		entory	Busn. Code				
	11a	OTHER INCOME			900099	365			365
	b	OTHER INCOME							363
									· · · · · ·
	d	All other revenue							
		Total. Add lines 11a-11d			I	365			
	12	Total Revenue. See instruction	ns		•	648,326	494,846	0	365

Form 990 (2009)

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).

	All other organizations must co		e not required to comple	te columns (B), (C), and (D	
	not include amounts reported on lines 6b, 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		expenses	general expenses	Схрепзез
•	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,				
Ū	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	36,378	7,276	22,064	7,038
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	110,482	71,849	38,633	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	4,200	2,263	1,736	201
10	Payroll taxes	13,586	7,319	5,616	651
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,350		3,350	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	10.000	10 500	400	·
12	Advertising and promotion	10,980	10,500	480	
13	Office expenses	6,942		6,942	
14	Information technology				
15	Royalties	57,221	50,354	6,867	
16	Occupancy	31,221	30,334	0,007	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,687		4,687	
21	Payments to affiliates	3,007		4,007	
22	Depreciation, depletion, and amortization	4,902	2,940	1,962	
23	Insurance	5,023		5,023	
		- /		-,	
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)				
а	ARTISTS/TEACHERS	132,296	132,296		
b	SETS & SOUNDS	28,152	28,152		· · · · · · · · · · · · · · · · · · ·
С	SPECIAL PROGRAMS	27,843	27,843		
d	DANCE CONCERT	23,473	23,473		
е	PRINTING & REPRODUCTION	15,557	15,557		
f	All other expenses	106,436	79,853	22,858	3,725
25	Total functional expenses. Add lines 1 through 24f	591,508	459,675	120,218	11,615
26					

		•			(A)		(B)
-					Beginning of year		End of year
	1	Cash—non-interest bearing		-	10,716	1	6,410
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		ļ		3	
	4	Accounts receivable, net		_	16,874	4	14,254
1	5	Receivables from current and former officers, directors,	trustees, key				
1		employees, and highest compensated employees Com	plete Part II of				
		Schedule L		-		5	
	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	
Hessels	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use				8	
T	9	Prepaid expenses and deferred charges		L	22,628	9	38,569
1	l0a	Land, buildings, and equipment cost or		1			
1		other basis Complete Part VI of Schedule D	10a	122,511			
	b	Less accumulated depreciation	10b	59,866	62,144	10c	62,645
1	11	Investments—publicly traded securities				11	
1	12	Investments—other securities See Part IV, line 11				12	
1	13	Investments—program-related See Part IV, line 11				13	
1	14	Intangible assets				14	
1	15	Other assets See Part IV, line 11			400	15	800
1	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		112,762	16	122,678
1		Accounts payable and accrued expenses			98,211	17	55,620
1	18	Grants payable				18	
1	19	Deferred revenue			42,397	19	37,589
2	20	Tax-exempt bond liabilities				20	
ဂ္ဂ 2	21	Escrow or custodial account liability Complete Part IV of	f Schedule D			21	
	22	Payables to current and former officers, directors, truste	es, key				
ੂ⊟		employees, highest compensated employees, and disqu	ualified				
		persons Complete Part II of Schedule L			16,155	22	16,155
- I -	23	Secured mortgages and notes payable to unrelated third	d parties		47,611	23	47,611
2	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
2	25	Other liabilities Complete Part X of Schedule D		Ī	4,523	25	5,020
2	26	Total liabilities. Add lines 17 through 25			208,897	26	161,995
S		Organizations that follow SFAS 117, check here ▶ 🗓	and				
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	_				
ਛ ₂	27	Unrestricted net assets			-96,135	27	-39,317
2 מ	28	Temporarily restricted net assets				28	_
면 2	29	Permanently restricted net assets		[29	· · · · · · · · · · · · · · · · · · ·
₽Ì		Organizations that do not follow SFAS 117, check he	re ▶ 🗍				
_		and complete lines 30 through 34.	_				
ر بر	30	Capital stock or trust principal, or current funds				30	
ig	31	Paid-in or capital surplus, or land, building, or equipmen	it fund	Ī		31	
š	32	Retained earnings, endowment, accumulated income, o		Ī		32	
•	33	Total net assets or fund balances		Ţ	-96,135		-39,317
žΙ	34	Total liabilities and net assets/fund balances		Ī	112,762		122,678

Form **990** (2009)

<u>m</u>	990 (2009) PENNSYLVANIA YOUTH THEATRE 23-2380315		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	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		<u> </u>
С	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	1		
	Separate basis Consolidated basis 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		

Form **990** (2009)

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PENNSYLVANIA YOUTH THEATRE

Employer identification number

23-2380315

Pá	ert I	Reaso	on for Public Charity	Status (All organizations	must c	complet	e this	part.)	See ir	struct	ions.		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	heck only	one box)						
1	\Box	A church, cor	ention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3	П				tion 170	(b)(1)(A)(i	iii).						
4	П		· · · · · · · · · · · · · · · · · · ·	d in conjunction with a hospital of			•)(1)(A)(i	ii). Ente	er the ho	ospital'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												
·	ш	-	b)(1)(A)(iv). (Complete Part	•	o, opolat	oa o, a g		orta am	. 4000.	J00			
6					action 17	O(6)/4)/A	1/41						
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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													
9		•	•	·	•				•	_	oss		
		•		npt functions—subject to certain		•	•						
		• •	-	nd unrelated business taxable in	•			k) from E	usines	ses			
		•	•	0, 1975 See section 509(a)(2).	•								
10	\mathbb{H}	•	•	exclusively to test for public safe	•					_			
11	Ш	-	· ·	exclusively for the benefit of, to									
		•		ed organizations described in so		,			•	section			
				he type of supporting organizati						_			
		a Type	··	c Type III–Functions			d		e III–O1				
е		-		anization is not controlled direc									
		•	-	and other than one or more put	olicly supp	orted org	anizatio	ns desc	ribed in	section)		
_		. , , ,	section 509(a)(2)		- .		_						
f				rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		•	check this box										
g				tion accepted any gift or contrib	ution from	any of the	ne						
		following per											Ι
				ontrols, either alone or together	with perso	ons descr	ibed in (11)			<u> </u>	Yes	No
		` '		f the supported organization?							11g(i)	T T	-
			member of a person describ								11g(ii	1	ļ
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(iı	<u>)}</u>	
<u>h</u>			ollowing information about t	he supported organization(s)	ı		1						
(1)		e of supported	(ii) EIN	(iii) Type of organization	, , ,	organization		ou notify		is the		nount of	
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	sup	port	
				(see instructions))	9		sup	port?	U	S?			
					Yes	No	Yes	No	Yes	No			
								1					
								<u> </u>	ļ	ļ			
						}	Ì						
							ļ	ļ					
													<u> </u>
			,				-						
Tota	1					1				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

Sche	edule A (Form 990 or 990-EZ) 2009 PEN	INSYLVANI <i>I</i>	A YOUTH T	HEATRE	23	-2380315	Page 2
	art II Support Schedule for O						
	(Complete only if you che				/ / / / ·	- (- /(- /(- // - //	
Sec	tion A. Public Support		<u> </u>				
	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")				,		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	,		·	r		
Ca	lendar 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	<u> </u>	L	!	1	<u> </u>	
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	
	organization, check this box and stop her		4		<u> </u>		
	tion C. Computation of Public St						
14	Public support percentage for 2009 (line 6		-	nn (t))		14	<u> </u>
15	Public support percentage from 2008 Sch					15	%
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this box	
	and stop here. The organization qualifies		•				▶ _
b	33 1/3 % support test—2008. If the organ	nization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or r	nore, check this	
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums	stances" test. The	organization qualit	ies as a publicly su	upported organizat	ion	>
b	10%-facts-and-circumstances test-200	8. If the organizati	ion did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums						•
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e instructions	▶ [_

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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.)

202	tion A. Public Support	CREU LIIC DOX O	<u>ir iire 3 Orrai</u>	1(1.]			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	ionaa. you (or noon your boginning iii) i	(a) 2005	(6) 2000	(0) 2001	(d) 2000	(6) 2005	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	123,996	106,918	95,428	105,313	153,115	584,770
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	487,614	575,095	615,521	603,249	494,846	2,776,325
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	611,610	682,013	710,949	708,562	647,961	3,361,095
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	30,000	38,812	35,000	40,747	40,150	184,709
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	15,868	20,729	6,577	2,030		45,204
С	Add lines 7a and 7b	45,868	59,541	41,577	42,777	40,150	229,913
8	Public support (Subtract line 7c from line 6)		30,000				3,131,182
	tion B. Total Support						
Ca	(e) 2009	(f) Total					
9	Amounts from line 6	611,610	682,013	710,949	708,562	647,961	3,361,095
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			i			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	571	363	216	481	365	1,996
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	612,181	682,376	711,165	709,043	648,326	3,363,091
14	First five years. If the Form 990 is for the organization, check this box and stop here	9		rth, or fifth tax year	as a section 501(c)(3) 	>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,	. ,	•	n (f))		15	93.10%_
16	Public support percentage from 2008 Sche					16	94.24%
	ction D. Computation of Investme		•	. (5)			
17 40	investment income percentage for 2009 (li	= = =	· ·	column (f))		17	<u>%</u>
18 102	Investment income percentage from 2008	•	•	14 and line 45 := :	more than 22 4/2 /	18	%
19a b	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	ox and stop here . T	The organization q	ualifies as a public	ly supported organ	nization	▶ <u>X</u>
_	line 18 is not more than 33 1/3 %, check the						▶□
20	Private foundation. If the organization did		-			•	▶

Schedule A (Form 990 or 990-EZ) 2009 PENNSYLVANIA YOUTH THEATRE

23-2380315

Page 4

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 III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME

\$

1,996

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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PENNSYLVANIA YOUTH THEATRE 23-2380315 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, 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 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 Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located **>** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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. Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Investments—Land, Buildings, and Equipment, See Form 990, Part X, line 10, Part VI Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land **b** Buildings 59,068 14,311 757 c Leasehold improvements 63,443 45,555 888 d Equipment

e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

645

	Form 990) 2009 PENNSYLVANIA YOUTH		23-2380315	Page
Part VII	Investments—Other Securities. See For	rm 990, Paπ λ, line 12. (b) Book value	(c) Method of valuation	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market v	alue
nancial den	vatives			
losely-held e	equity interests			
ther				
· – –				
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
	ın (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. See Fo			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	alue
			Cost or end-of-year market v	aiue
			100000000000000000000000000000000000000	
,				
	(1) 15 000 P (V 1 (D)) 1 (10)			
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line	<u>▶ </u> △ 15		
ran in	(a) Descrip		(b)	Book value
				
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		>	· · ·
Part X	Other Liabilities. See Form 990, Part X,	line 25.		
	(a) Description of liability	(b) Amount		
ederal incor				
HOLDI		4,482	<u> </u>	
GIFT (CERTIFICATES	538	+	
			·	
			1	
			1	
			1	
			1	
			1	
			3	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{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

Sche	dule D (Form 990) 2009 PENNSYLVANIA YOUTH THEATRE	23-238031	.5	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Staten	nents	,
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
_	et XII Reconciliation of Revenue per Audited Financial Stateme		turn	
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	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV.)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
J A	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ	⊢ٽ	
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIV)	4b	1	
٥	Add lines 4a and 4b	40	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
5	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Evnenses per		
		ients with Expenses per	1	<u> </u>
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			
2		2a		
a	Donated services and use of facilities	2b	1	
b	Prior year adjustments	2c	1	;
C	Other losses	2d	1	
d	Other (Describe in Part XIV)	20]	1 22	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	[]	<u> </u>	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIV)	4b	1	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• • • • • • • • • • • • • • • • • • • •	5	1
	art XIV Supplemental Information	lane de and d. Dart IV. base de		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 20 and 40. Also complete		
ihis į	part to provide any additional information			
		. – – – – – –		

Schedule D (Form 990) 2009				9	PENNSYLVANIA YOUTH THEATRE Ital Information (continued)						23-2380315						Page 5													
Part XI\	i i	Supr	lem	ent	tal i	nfo	rm	atio	n (con	tınue	ed)																		
														,																
	_		_	_	_	_	_						_	_	_				-	_			_	_	_	_	—			
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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

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 o	rganization PENNSYLVANIA YOU	TH T	HEAT	'RE			23-	-			numt	uer		
Part I	Excess Benefit Transactions (sect	tion 501	(c)(3) ar	nd section 501			ly)							
	Complete if the organization answered "Yes	on For	m 990,	Part IV, line 2	5a or 25b,	or Form 990)-EZ, Part V, I	ıne 40)b					
1	(a) Name of disqualified person				(b) Description of transaction							(c) Correct		
					 						Yes	<u> </u>	lo	
					-						ļ	+		
					<u></u>							_		
	ne amount of tax imposed on the organization rection 4958	manage	rs or dis	equalified pers	ons during	the year		▶ \$						
	ne amount of tax, if any, on line 2, above, reimb	oursed b	y the o	rganization				▶ \$						
Part II	Loans to and/or From Interested				····									
	Complete if the organization answered "Yes	on For	m 990,	Part IV, line 2	26, or Form	990-EZ, Pa	rt V, line 38a							
((a) Name of interested person and purpose	or fro	oan to om the zation?	(c) Origir principal an		(d) Bala	ance due	(e) in a	lefault?	by bo	proved pard or nittee?	(g) W agreer		
		То	From					Yes	No	Yes	No	Yes	No	
PAUL DA		x		4	9,790		16 155		x	х			v	
WORKING	G CAPITAL	 ^			9,190		16,155		^	^			X	
_														
								\vdash						
	······································							\vdash		 				
Total					▶ \$		16,155							
Part III	Grants or Assistance Benefitting Complete if the organization answered "Yes				7									
	(a) Name of interested person	5 0117 01	iii 990,			en interested p	erson and the	(c) <i>f</i>		t and f	type of	assist	ance	
				(2) (10.000)	•	anization					.,po o.		2.1.00	
Part IV	Business Transactions Involving	Inter		Persons				Щ		—				
	Complete if the organization answered "Yes				28a, 28b, o	r 28c								
	(a) Name of interested person		rested pe	ship between erson and the		nount of saction	(d) Descr	iption o	of trans	sactio	ction (e) Shar of org revenue		org nues?	
		<u> </u>	organ	zation								Yes	No	
					1							1		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

PENNSYLVANIA YOUTH THEATRE

Employer identification number 23-2380315

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION DISTRIBUTES COPIES OF THE FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AN INTERESTED PARTY SHALL COMPLETE A QUESTIONAIRE TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS/HER ASSOCIATION WITH PENNSYLVANIA YOUTH THEATRE (PYT) AND SHALL BE UPDATED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE FILED AT SUCH TIME AS AN ACTUAL POTENTIAL CONFLICT ARISES.

WHENEVER THERE IS A REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN PENNSYLVANIA YOUTH THEATRE (PYT) AND AN INTERESTED PARTY, THE BOARD OF DIRECTORS SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE.

IF THE BOARD OF DIRECTORS HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF AFTER HEARING THE RESPONSE FROM THE INTERESTED PARTY AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE AN

PENNSYLVANIA YOUTH THEATRE

Employer identification number 23-2380315

ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE MANAGING DIRECTOR'S AND ARTISITIC DIRECTOR'S SALARIES ARE SUBJECT TO
REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. THE ORGANIZATION USES DATA
AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE
POSITIONS AT SIMILAR ORGANIZATIONS TO HELP DETERMINE REASONABLE
COMPENSATION. THE ORGANIZATION MAINTAINS DOCUMENTATION AND RECORDKEEPING
WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION
ARRANGEMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION DOES NOT PAY ANY OTHER OFFICERS OR KEY EMPLOYEES (BY

DEFINITION) OTHER THAN THE ARTISTIC DIRECTOR AND MANAGING DIRECTOR. IF ONE

OF THESE TYPES INDIVIDUALS WOULD BE COMPENSATED, IT WOULD BE SUBJECT TO THE

SAME REVIEW, APPROVAL AND DOCUMENTATION POLICIES AS MAINTAINED FOR THE

ARTISTIC DIRECTOR AND MANAGING DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

4562

Name(s) shown on return

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 2009

Attachment Sequence No 67

Identifying number

PENNSYLVANIA YOUTH THEATRE 23-2380315 Business or activity to which this form relates INDIRECT DEPRECIATION 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. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 4,902 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in репод only-see instructions) 3-year property 19a 5-year property b С 7-year property 10-year property e 15-year property 20-year property S/L 25 yrs 25-year property S/L Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs 40-year 40 vrs 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 4,902 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 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

Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2009, or tax year beginning 09/01/09, and ending 08

08/31/10

16,155

16,155

2009

Name

Totals

Employer Identification Number

PEN	NSYLVANIA YOU	TH THEATRE			23-2380315	3-2380315				
FOR	M 990, PART X	, LINE 22 -	ADDITIONAL	INFORMATION						
(4) B	Nam PAUL DAVISON	e of lender		TREASURER	Title					
	AUL DAVISON			IREASURER						
(2) (3)										
(4)										
(5)	- -									
(6)	<u>-</u>									
(7)										
(8)										
(9)										
(10)					·····					
<u></u>	0:::::::		NA-A	<u></u>						
	Original amount borrowed	Date of loan	Maturity date	Repayment terms		terest rate				
(1)	49,790	06/05/03		NO SET TERMS	0	.000				
(2)										
(3)	· · · -									
(4)										
(5)										
(6)										
(7)										
(8)		-								
(9)										
(10)										
	Security of	ovided by borrower		Purno	se of loan					
(1) N	IONE			WORKING CAPITAL						
(2)										
(3)										
(4)						_				
(5)										
(6)										
(7)										
(8)										
(9)										
(10)		······································	······································	I	······································					
				Balance due at	Balance due a	ut				
		furnished by lender		beginning of year	end of year					
(1)	NONE			16,155	16	,155				
(2)						-				
(3)				 						
(4) (5)	·									
(6)										
(7)	_		······································							
(8)										
(9)										
(10)										

Forms 990-PF

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning

09/01/09 , and ending

47,611

47,611

08/31/10

2009

Name

Totals

Employer Identification Number

PI	ENNSYLVANIA YOU	TH THEATRE			23-23803	15				
F	ORM 990, PART X	, LINE 23 -	ADDITIONAL	INFORMATION						
	Nam	a af landar		Polationship	to discussified names					
(1)	LINE OF CREDIT	e of lender		Relationship to disqualified person NONE						
(2)	DIND OF GRADIE					······································				
(3)										
(4)										
(5)										
(6)										
(7)		•								
(8)										
(9)										
(10)										
		T	.,	T		T				
	Original amount borrowed	Date of loan	Maturity date	Repayment ter	ms	Interest rate				
(1)	50,000	06/01/05	08/15/11	MONTHLY PAYMENT		6.250				
(2)										
(3)										
(4)										
(5)										
<u>(6)</u>			,							
<u>(7)</u>										
<u>(8)</u>										
(9)										
(10)				<u> </u>						
				T						
		provided by borrower		Purpose of loan						
<u>(1)</u>	ALL ASSETS OF	THE ORGANIZ	ZATION	WORKING CAPITAL						
(2)				<u> </u>	·					
(3)					· · · · · · · · · · · · · · · · · · ·					
<u>(4)</u>										
<u>(5)</u>										
(6) (7)			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
(8)					· · · · · · · · · · · · · · · · · · ·					
(9)										
(10)										

	Canadasakan	formula and but bandon		Balance due at		ce due at				
(1)	NONE	furnished by lender		beginning of year 47,611	of year 47,611					
(1) (2)	HOHE			37,022		47,011				
(3)				<u> </u>						
(4)										
(5)										
(6)										
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										