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Form 990

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

Department of the Treasury

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

Open to Public Inspection

		CITAC SCIVICE	. 			1				21	- 1	2010				
	For t	he 2009 calen	dar year,	or tax year begin		<u> </u>	, 2009, a	nd ending	J Aug	-		, 2010				
В	Check	if applicable	Please use	C Name of organi	zation							tification Number				
	A	ddress change	IRS label	TBA Theat	re, Inc.						7 <u>-0607</u>					
	ΠN	ame change	or print or type	Number and str	eet (or P O box if	mail is not delivered	to street addr)) Room/si	ııte	E Tele	ephone num	ber				
	□ in	iitial return	See specific	PO Box 24	1104					(9	907) 6	77-7529				
	\vdash	ermination	Instruc- tions.	City, town or co			State Z	IP code + 4								
	\vdash		110113.	Anchorage				G Gross receipts \$ 191,032.								
	Ħ	mended return	E N				AK S	99524	H(a) Is this	_			es X No			
	□ ^	pplication pending		and address of princip		.	. 776		H(b) Are all			H	es ANO			
				fitchell PO Bo				99524			list (see in:	structions) 🗀 ''	e₃ ∐ "•			
<u>1</u>	Tax	k-exempt statu	ıs X 501	I(c) (3)	(insert no)	4947(a)	(1) or	527								
J	We	bsite: ► ww		theatre.or	g				H(c) Group	exemptio	n number	<u> </u>				
K	Forn	n of organization	X Corpor	ration Trust	Association	Other ►	L Yea	ar of Formati	on 200	3	M State of	legal domicile 🏻 🗗	\K			
Pa	ırt İ	Summ	ary			•										
	1	Briefly descri	be the ord	ganization's miss	sion or most si	gnificant activiti	es The	atre a	arts f	unda	menta.	l skills				
		(1) Summ	ner Aca	ademy day	camp for	vouths 5-	$18 (2)^{-}$	Seaso	n of 6	6 Pla		 -				
ဦ		suitable	for	families a	nd (3) st	aff perfo	rmances	s at c	ommun	itv						
Ţ.		events/f														
ě	2			if the organization	on discontinue	d its operations	ar disonse	d-of-more	 - than 25	% of 1	assets					
ၓိ	3			bers of the gove			F	RECEIV	/ED	70 01 1		3				
. ಇ	4			nt voting member						181		3				
ŧ	5			yees (Part V, Iin		3 , `				121	5					
Activities & Governance	6			eers (estimate if			8 8 A	PR 18	2011	RS-O	6	50				
¥	7 a			ousiness revenue		l, Icolumn (C), i					7a		0.			
				s taxable income				GDEN	LIT		7b					
	-					•		CULIN	7	rior Ye	22	Current	Voor			
	١,	Cantributions		nts (Part VIII, line	. 16)				<u> </u>		,939.		4,925.			
2 2011	8										,069.		6,107.			
ΞĒ	9	-		nue (Part VIII, line		and 7d)				140	,005.		0,107.			
્ર્યુ	10			art VIII, column (۵)		-							
€√	11			III, column (A), li				12)		170	,008.	1.0	1,032.			
<u></u>	12			nes 8 through 11			i (A), iiile	12)		1/0	44.	1.5				
MAY	13			ounts paid (Part							140.					
Ž	14			members (Part I												
(s	15	Salaries, oth	er comper	nsation, employe	ee benefits (Pa	rt IX, column (A	s), lines 5-1	10)		_	0.		0.			
SCANNED Expenses	16a	Professional	fundraisir	ng fees (Part IX,	column (A), lır	ne 11e)										
Z ia	h	Total fundras	sına eyne	nses (Part IX, co	olumn (D) line	25) ▶		0.								
≨ŭ	~		-							150	,126.	1.0	5,826.			
3	i			IX, column (A), I			- 05\		-							
Ď	18	· ·		nes 13-17 (must			e 25)		 		,170.		5,966.			
	19	Revenue less	s expense	s Subtract line	18 from line 12				<u> </u>	10	,838.		5,066.			
Net Assets or Fund Balances									Begi	nning c	of Year	End of				
a de la companya de l	20	Total assets	(Part X, Ii	ine 16)						358	,571.	35	5,775.			
₽₽ 88	21	Total liabilitie	es (Part X	, line 26)						299	,439.	29	2,270.			
52	22	Net assets o	r fund hal:	ances Subtract I	line 21 from lin	ne 20				59	,132.	6	3,505.			
P	art II		ure Blo						-\		,		-,			
ننا													-6 .1			
		true, correct,	es of perjury and complete	, I declare that I have e Declaration of prepa	arer (other than offi	icer) is based on all	information of	which prepa	rer has any	knowledg	je	lowledge and bein	ei, it is			
C:		 ▶ D.	<i>\ \ \ \</i>		- LAMO	7	ヘ		1.1	12-20		2011				
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ne	:10	I	or officer		, ,<	Tradita	一、、 、	(310						
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Or	าไy	employed), address, and		Box 210948	<u> </u>	7. 7.7	0.05.21	0040		IN P	N /00	71 242 6	116			
		ZIP + 4		CHORAGE	 	AK		-0948	Į P	hone no	▶ (90					
Ma	y the	IRS discuss th	nis return	with the prepare	r shown above	7 (see instruction	ons)	_				X Yes	No_			

Form	9 90 (200		TBA	Th	eatr	e,	Inc	· .						_			_				77-	060	791	. 8		Page 2
Par					f Pro				e Ac	ccor	npli	shm	ents	<u> </u>												
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	See For	rm 991	<u>0, Pag</u>	<u>ge 2, </u>	Part III	<u>I, Lin</u>	e 1 (contin	iuea)_																- -	
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	Form 99	-			erlake	arry	Sigili	ilicani	progr	iaiii s	SCIVIC	es uu	inig	uic ye	ai w	THEIT	WCIC	1100 11	i3(Cu	on the	Prior		\Box	Yes	X	No
	If 'Yes.'			_	ew se	rvice	s on :	Sched	tule C)													ш	103	<u>~</u>	110
3	Did the		-		-						ant ch	anges	s ın h	ow it	cond	ducts.	. any	proq	ram	service	s?		П	Yes	X	No
	If 'Yes.'	•					-		_			,				·	•									
4	Describe	e the	exemp	pt pur	pose a	achie	veme	ents fo	or eac	h of t	the or	ganız	ation	's thr	ee la	rgest	prog	ram s	servi	ces by	expens	ses	Secti	on 50	1(c)(3)
	and 501 expense	(c)(4)	organ	nızatıd Polle	ons an	id sec	ction	4947((a)(1) am se	trust	s are	requi irted	red to	o repo	ort th	e am	ount	of gra	ants	and all	ocation	is to	othe	rs, the	total	
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4e	Total pr	ograr	n ser	vice e	xpens	es	<u> </u>			185	5,21	5														

77-0607918 TBA Theatre, Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Δ Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If 'Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х 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 Х 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 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Χ 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 167 If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

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Form 990 (2009) TBA Theatre, Inc.

[Part IV | Checklist of Required Schedules (continued)

		:	res	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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		<u>X</u>
Ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
ЗАА		Form	990 (2009)

<u> </u>	Statements regulating other into ranings and rax compliance			
			Yes	No
	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1 a 0			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	b If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
l	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
-	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
1	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		Х
9		ĺ		
	a Did the organization make any taxable distributions under section 4966?	9a		Х
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter	ĺ	ŀ	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		į	
11		1		
	a Gross income from other members or shareholders	- 1	j	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management	•			
					Yes	No
1 2	Enter the	number of voting members of the governing body	1a 3			
		number of voting members that are independent	1b 3			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business related to the rector, trustee or key employee?	ationship with any other	2	х	
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		х
4		rganization make any significant changes to its organizational documents		4		X
•		prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organization'	's assets?	5		Х
		organization have members or stockholders?		6		Х
7 a	Does the	organization have members, stockholders, or other persons who may elect one or may body?	ore members of the	7a		Х
ŀ	•	decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		Х
8	-	rganization contemporaneously document the meetings held or written actions undert				
2		rning body?		8a	х	
	•	nmittee with authority to act on behalf of the governing body?		8ь		Х
	Is there a	iny officer, director or trustee, or key employee listed in Part VII, Section A, who can iion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not	required by the Interna	i	·	
	enue Code	,	, ,			
		,			Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a		Х
i	If 'Yes,' o	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х	
11/	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990				
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		_X
ı	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests the $^{ m 2}$	hat could give rise	12Ь		
(Does the	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			
í	a The orga	nization's CEO, Executive Director, or top management official		15a		X
1	Other off	icers of key employees of the organization		15b		Х
		Inne 15a or 15b, describe the process in Schedule O (See instructions)		1		
16	a Did the o entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		Х
ı	in joint v	nas the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard to the respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed Alaska				
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) ava	ailable	for pu	blic
	_	website				
	statemer	in Schedule 0 whether (and if so, how) the organization makes its governing documents available to the public				ıal
		name, physical address, and telephone number of the person who possesses the bo				
	<u>Andre</u>	a Egger 13041 Norak Place, Anchorage A	<u> </u>	07)_6	577-9	9110

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee												
(A)	(B)				:)			(D)	(E)	(F)		
Name and Title	Average hours per week				_	hat appl		Reportable compensation from	Reportable	Estimated amount of other		
	per week	adveid at the steel	anstitutional trustee	Offi -e-I	key emphyee	High est connected employee	FUSDER	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization		
	-	장크	14/3	_ <u>r</u>	ddus	st co] <u>T</u>			and related		
	1	1	2		yee	ATT C	ľ			organizations		
		7	- C-			<u>, </u>						
Shane Mitchell	 		-		_	<u>a</u>						
President	2.00			x				0.	0.	0.		
Erin Dagon												
Secretary	2.00			Х				0.	0.	0.		
Wayne Mitchell												
Treasurer	2.00		_	Х				0.	0.	0.		
			┢									
							<u> </u>					
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								<u> </u>				

Page 8

(A)	(B)			-	c)			(D)	(E)		(F)		
Name and Title	Average hours per week			Officer	_	Highest compensa employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am co	Estimater ount of o mpensate from the f	other tion ton on ed	
						eđ.							
		_										_	
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					-							_	
	-												
												_	
1b Total					l		•	0.	0.	-		0	
Total number of individuals (including but not limited from the organization	to those	e list	ed a	abov	/e) v	vho	rece	eived more than \$1	00,000 in reportab	le com	pensati		
2.04				1				L k			Yes	No	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc 4 For any individual listed on line 1a, is the sum of rep 	dıvıdual									3		X	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	an \$150	,000)? <i>[f</i>	'Ye	s' c	omp	lete	Schedule J for suc	ch	4		х	
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J i	tion for s	fror uch	n ar pers	ıy u son	nrela	ated	organization for s	ervices	5		x	
Section B. Independent Contractors	_												
Complete this table for your five highest compensate compensation from the organization	d indep	ende	nt c	ontr	acto	ors t	hat	received more tha	n \$100,000 of ——————				
(A) Name and business address	s							(B) Description of	of Services	Comp	(C) ensatio	on	
			_										
Total number of independent contractors (including b	ut not li	mıte	d to	tho	se I	stec	d abo	ove) who received	more than				

Prai	t VIII Statement of Revenue	(4)	(B)	(C)	(D)
		(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
5.0	1 a Federated campaigns 1 a				·
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b 12,444.				
R S	c Fundraising events 1 c				
FR	d Related organizations 1 d				
S,G	e Government grants (contributions) 1 e				
NO IS	• All other contributions rufts grants and				
[품]	f All other contributions, gifts, grants, and similar amounts not included above 1f 22, 481.		:		
Ž O	g Noncash contribus included in lins 1a-1f \$ 6, 102.				
	h Total. Add lines 1a-1f	34,925.	_		
PROGRAM SERVICE REVENUE	Business Code				
Ę.	2a Workshops/Tuition 711110	79,099.	79,099.	0.	0.
2	b Tickets/Performances 711110	77,008.	77,008.	0.	0.
Z	с				
SER	d				
Ψ	e			<u>.</u>	
og	f All other program service revenue				
A.	g Total. Add lines 2a-2f	156,107.			
l	3 Investment income (including dividends, interest and				
	other similar amounts)				
- 1	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
j					
	6a Gross Rents				
	b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Characters (ii) Others				
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
l	d Net gain or (loss)				
핅	8a Gross income from fundraising events				
EN I	(not including \$ of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18				
里	b Less direct expenses b				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
- 1	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	191,032.	156,107.	0.	0.

Page **10**

Form 990 (2009) TBA Theatre, Inc.

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).													
amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising									

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	· · · · · · · · · · · · · · · · · ·		· · · · · ·	, , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	140.	140.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		_ · · ·		
10	Payroll taxes				· · · · · ·
11	Fees for services (non-employees)				
á	Management				
ŀ	Legal				
(Accounting	750.	0.	750.	0.
	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other	37,612.	37,612.	0.	0.
	Advertising and promotion		···		
13	Office expenses	20,467.	20,467.	0.	0.
14	Information technology				·
15	Royalties				
16	Occupancy	36,659.	36,659.	0.	0.
17	Travel	13,548.	13,548.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,891.	8,891.	0.	0.
	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)				
á		0.	0.	0.	0.
	Advertising	8,287.	8,287.	0.	0.
	Production Expenses	59,612.	59,612.	0.	0.
	1	0.	0.	0.	0.
•		0.	0.	0.	0.
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	185,966.	185,216.	750.	0.
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		<u> </u>			Form 990 (2009)

Part X

Balance Sheet (A) Beginning of year End of year 34,319 1 38,636. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 1,567. 7 3,345. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10 a 346,765. Complete Part VI of Schedule D 32,971 313,794. 10b 322,685 10 c b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 358,571 16 355,775 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 299,439 24 292,270 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 299,439 26 292,270. Organizations that follow SFAS 117, check here and complete lines N E T 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 59,132. 32 63,505. Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 59,132. 33 63,505. Total liabilities and net assets/fund balances 358,571. 34 355,775. Form 990 (2009) BAA

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Form 990 (2009) TBA Theatre, Inc. 77-	-0607918	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash 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		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,		
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 consolidated basis, separate basis, or both	d on a		
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 Si Audit Act and OMB Circular A-133?	ingle 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

ΓВА	T	heatre	, Inc.							77-0	507918	3		
Part					us (All organizations					<u>See ı</u>	nstruct	<u>ions</u>		
he o	rga		-		ise it is (For lines 1 through	_		-						
1	Ц				ociation of churches desci		section	1 70 (b)(1)(A)(ı).					
2		A school	described	ın section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ц	•	•	•	e organization described i									
4	Ш	A medica	I research	n organization operate	ed in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	r the hosp	ıtal's	
_	\Box	name, cit			of a college or university					montal				
5		170(b)(1)	(A)(iv). ((Complete Part II)						nemai u	riit descr	ibea in Sec	uon	
6 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	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10		An organi	zation org	ganized and operated	exclusively to test for pub	olic safet	y See s	ection 5	609(a)(4).				
11		more pub	licly supp	orted organizations of	exclusively for the benefit described in section 509(a) zation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one of box th	or nat
		а 🗌 Тур		b 🗌 Type II			-	•			d 🗌	Type III-		
е		By checki than foun 509(a)(2)	dation ma	ox, I certify that the or anagers and other tha	ganization is not controlle n one or more publicly sup	d directi pported	y or indi organiza	rectly by itions de	one or scribed	more d	squalifie on 509(a	d persons)(1) or sec	other tion	
f		if the orga	anization s box	received a written det	ermination from the IRS the	hat is a	Type I, 1	Type II o	r Type	III suppo	rtıng org	anızatıon,		
g		Since Aug	gust 17, 2	006, has the organiza	ation accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?			
													Yes	No
					controls, either alone or to upported organization?	ogether v	with pers	sons des	cribed	ın (ıı) an	d (III)	11 g (i)		
			. •	nber of a person des	•							11 g (ii)		
			-	•	n described in (i) or (ii) ab	ove?						11 g (iii)		
h		` '		•	the supported organization									
	(ı) Name of Su Organizat		(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) listed gove	Is the tion in cold in your erning ment?		iization in (i) of	organizat	zed in the	(VII) Amour	nt of Supp	oort
						Yes	No	Yes	No	Yes	No			
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otal						!	1	1		1				

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)		·			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Total	
begi 1	nning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(4) 2000	(-,		<u>, , , , , , , , , , , , , , , , , , , </u>	(4)		()	
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)								
	Public support. Subtract line 5 from line 4] 	!					<u></u>	
Sec	tion B. Total Support			Т					
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						į		
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 activ	ities, etc (see ins	tructions)				12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	_	· 🗆
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)			14		<u>%</u> %
16	33-1/3 support test — 2009. If the and stop here. The organization				he line 14 is 33-1.	/3 % or mor	e, chec	k this box	. 🗆
ı	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box o	on line 13, or 16a,	and line 15 is 33-	1/3% or mo	re, che	ck this box	П
17	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	' test, check this b	ox and stop here.	Explain in l	⊃art IV		· 🗆
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ard-circumstances'	nd-circumstances test The organiz	test, check this b ation qualifies as	ox and stop here. a publicly supporte	Explain in l ed organizat	Part IV	how the	
18 BAA	Private foundation. If the organiz	zation did not ched	k a box on line,	3, 16a, 16b, 17a,		box and se			

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support **(e)** 2009 Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 **(b)** 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 27,957. 2,514. 30,471. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 20,513 119,557 140,070. purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 147,514. 23,027 170,541. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 170,541. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) 147,514. 170,541. 9 Amounts from line 6 23,027 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 170,541. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 100.00% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 100.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 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

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

Part IV	Supple Part II	ement	<u>0.E∠) ∠</u> al Info 7a.or	rmati	on. Co	rneat mpleto art III	re, re, re e this p	oart to	provide	e the ex	xplanati addition	ons re	quired b	y Part See I	II, line 1 nstructio	Page 4 0; ns
	· art ii	, 11110	74 01		unu i e	<u> </u>	11110 12			011101				. 000 11	1311 40110	
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer Identification number 77-0607918 TBA Theatre, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 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 │ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? | Part II | 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 Preservation of certified historic structure Protection of natural habitat 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 Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements 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 170(h)(4)(B)(i) and $170(h)(4)(B)(ii)^{2}$ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 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 Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 TBA							7-0607		Page 2
Part III Organizations Mainta	ining Collec	ctions	of Art, Histo	orica	Treasures, or	Other Simila	ar Asse	ts (contin	ued)
3 Using the organization's acquisition items (check all that apply).	on accession a	and other	records, chec	k any	of the following that	at are a significa	int use of	its collection	ו
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e 🗌 Other		··· - ··· · ·				
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.	nization's colle	ctions ar	nd explain how	they f	urther the organiz	ation's exempt p	urpose in		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to b	e mainta	ined as part o	the o	rganızatıon's colle	ction?		Yes	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem unt on Forn	ents C n 990, l	omplete if o Part X, line	rgan 21.	ization answer	ed 'Yes' to F	orm 990), Part IV, 	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	, or other	intermediary	for cor	ntributions or other	assets not	Г	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV an	d comple	ete the followin	a table	e:		L]	
bili res, explain the arrangement		о оор.с		9 10.21			A	mount	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an ai	mount on Form	n 990. Pa	art X. line 21?					Yes	No
b If 'Yes,' explain the arrangement							<u> </u>	.	
Part V Endowment Funds Co		ganiza	tion answer	ed 'Y	es' to Form 99	0. Part IV. III	ne 10.		
	(a) Current		(b) Prior yea		(c) Two years back		T T	(e) Four year	rs back
1 a Beginning of year balance	(2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	,				```			
b Contributions					· · · · · ·				
· -							***		
 c Net Investment earnings, gains, and losses 				1					
d Grants or scholarships									<u> </u>
Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the year er	nd baland	ce held as						
a Board designated or quasi-endow	ment 🕨		<u> </u>						
b Permanent endowment ►									
c Term endowment ▶	%								
3a Are there endowment funds not in organization by	the possession	on of the	organization t	hat are	e held and adminis	stered for the		Yes	No
(i) unrelated organizations								3a(i)	
(ii) related organizations							[:	3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations li	sted as r	equired on Sci	nedule	R۶			3b	T
4 Describe in Part XIV the intended	uses of the or	rganizatio	on's endowme	nt func	ds		_		
Part VI Investments-Land, B	uildings, ar	nd Equ	ipment. Se	e For	m 990, Part X,	line 10.			
Description of investment			or other basis estment)		Cost or other casis (other)	(c) Accumula Depreciatio		(d) Book V	alue
1 a Land	L								
b Buildings	L				346,765.	32,	971.	313	<u>,794.</u>
c Leasehold improvements	L								
d Equipment									
e Other									
Total. Add lines 1a through 1e (Column	ı (d) must equ	al Form	990, Part X, co	lumn	(B), line 10(c))			313	<u>,794.</u>

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 TBA Theatre, Inc.		77-0607918 Page
Part VII Investments—Other Securities See F	orm 990, Part X, Iı	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		ļ <u>-</u>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		1 10
Part VIII Investments-Program Related (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	-	
		· · · · · · · · · · · · · · · · · · ·
	 	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	-	
Part IX Other Assets (See Form 990, Part X,	line 15)	
	escription	(b) Book value
	, oo, 15 (1917	(a) Book value
	·	
		
Total. (Column (b) must equal Form 990, Part X, col (B), III	ne 15)	•
Part X Other Liabilities (See Form 990, Part		
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
	ote to the organization's	s financial statements that reports the organization's liability

	edule D (Form 990) 2009 TBA Ineatre, Inc.	11-0601918	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
,	Prior period adjustments	-	
8	Other (Describe in Part XIV)	<u> </u>	
9	Total adjustments (net) Add lines 4 through 8		
10 Ba	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Peturn	
1		1	
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
2			
		(
		- 	
	e Add lines 2a through 2d	2e 3	
_	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities		
	b Prior year adjustments 2b	_	
	c Other losses 2c		
	d Other (Describe in Part XIV)	- _	
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)	- _	
	c Add lines 4a and 4b	4c	
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
line	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b Also complete this part ation		
- -			
- - -			. – – – .
			· – – –
			. .
			.
BAA	TEEA3304 02/02/10	Schedule D (Form	990) 2009

Schedule D (Form 990) 2009 TBA Theatre, Inc.	//-000/918	Page 5
Part XIV Supplemental Information (continued)		
		
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		- ·
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SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

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.

Employer identification number Name of the organization 77-0607918 TBA Theatre, Pt VI-A, Line 2 Erin is married to Shane Pt VI-A, Line 8b No subcommittees Pt VI-C, Line 19 Available on public's request Pt VI-B, Line 11A Managing Director provides copy prior to filing

TBA Theatre, Inc.

77-0607918

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

threatre arts experiences, develop artists creativity and self-expression, stimulate human potential

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

Name(s) shown on return Identifying number 77-0607918 TBA Theatre, Inc. Business or activity to which this form relates 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 \$250,000. 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) 3 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 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 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 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 instrs) 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 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 instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 8,891 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 (a) (b) Month and (c) Basis for depreciation (d) (e) (f) Method (g) Depreciation Classification of property year placed in service (business/investment use Recovery period Convention deduction only - see instructions) 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM h Residential rental S/L property 27.5 yrs MM S/L 39 yrs MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20 a Class life b 12-year 12 yrs S/L 40 yrs MM S/L c 40-year Part IV | Summary (See instructions) Listed property Enter amount from line 28 21

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

22

8,891.

Par	t V Listed	Property (Incoment, recreation	clude automob	iles, certa	ain other	vehicle	s, cellu	ar te	eleph	nones, c	ertaın c	ompute	rs, and p	property	used fo)r
	Note: Fo	or any vehicle fo (a) through (c)	r which you ai	e usina t	he stand ction B, a	ard mile	eage rat	e or app	dedi licat	ucting le ble	ease exp	pense, d	complete	only 24	1a, 24b,	_
	Sectio	n A – Deprecia	tion and Othe	r Informa	tion (Ca	ution: S		ınstr						mobiles		
_24 a	Do you have eviden	ce to support the bu	ısıness/ınvestmen	t use claim	ed?		Yes	Ш	No		Yes, is th	e evidenc	e written?		Yes	N
Ту	(a) pe of property (list vehicles first)	(b) Date placed In service	(c) Business/ investment use percentage	(d Cost other b	or	(busine	(e) Basis for depreciation (business/investment use only)					(g) Method/ Convention		(h) Depreciation deduction		(i) Elected stion 179 cost
25	Special depreci						service	durin	g the	e tax ye	ar and	25				
26	Property used r	nore than 50%	ın a qualified t	ousiness	use	Ι									1	
											-		 			
												-				
27	Property used 5	0% or less in a	qualified busi	ness use									··			
						-			├ _				ļ		_	
									┼				-		-	
28	Add amounts in	column (h) lin	es 25 through	27 Enter	r here an	d on lin	ne 21 n:	ane i	1 1			28	 		-	
	Add amounts in	• • •	-				ic 21, pi	age	•					29	,	
		Δ//		Section		_	on Use	of \	/ehi	cles						
Com	plete this section	for vehicles us	ed by a sole p	roprietor	, partner	, or othe	er 'more	thar	n 5%	owner	or rela	ated per	son If yo	ou provi	ded veh	ıcles
to yo	ur employees, fi	rst answer the o	questions in Se					cept					T	-	T -	
30	Total business/				a) icle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	during the year (do not include commuting miles)															
31	Total commuting m	iles driven during th	ne year													
32	Total other personal (noncommuting) miles driven														_	
33	Total miles driv		ear Add													_
	oo bo amoug.	. 02		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	used primarily									_					
36	Is another vehice personal use?	•														
	purounal dog	Section	C — Question	s for Emp	oloyers V	Vho Pro	vide Ve	hick	es fo	or Use b	y Their	Employ	/ees			-1
Ansv 5% d	ver these question	ons to determine	e if you meet a	•	_						-			o are no	t more	than
	Do	- <u></u>			مم الم ما،	roonal		ob.ol							Yes	No
	Do you maintair by your employe	ees?														
38	Do you maintain employees? Se	n a written polic e the instruction	y statement the state of the st	at prohib used by	its perso corporate	nal use e officer	of vehics, direc	cles, tors,	excor 1	ept com	ımutıng, ore owr	by you hers	r			
39	Do you treat all	use of vehicles	by employees	as perso	onal use	,										
40	Do you provide vehicles, and re	more than five tain the informa	vehicles to you ation received?	ır employ	ees, obt	aın ınfo	rmation	from	ı you	ur empl	oyees a	bout the	use of t	he		
41	Do you meet the Note: If your an															-
Par	t VI Amorti	zation				-		_								
		(a)			(b)		(c)				d)		(e)		(f)	
	Desc	cription of costs			nortization egins	Amortizable amount			Code section		l pe	Amortization period or percentage		Amortization for this year		
42	Amortization of	costs that begi	ns during your	2009 tax	year (se	e instri	uctions)									
									\bot							
									_L				1	<u> </u>		
43 44		f costs that beg ounts in column	_		-	ere to re	enort						43			

44 Total. Add amounts in column (f) See the instructions for where to report