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# Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning 06-01, 2010, and ending 05-31, 20 11

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>THE BARN THEATRE</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite  <b>P.O. BOX 108</b></p> <p>City or town, state or country, and ZIP + 4  <b>PORTERVILLE, CA 93258</b></p>	<p><b>D</b> Employer identification number <b>94-2572725</b></p> <p><b>E</b> Telephone number <b>559-568-1388</b></p> <p><b>F</b> Group Exemption Number ►</p>
<p><b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____</p>		<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p><b>I</b> Website: ► <b>barntheater.porterville.com</b></p>		
<p><b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	3,683
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	0
	4 Investment income . . . . .	4	0
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ <u>3,683</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	49,007	
c Less: direct expenses from gaming and fundraising events . . . . .	6c	24,762	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	24,245	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
8 Other revenue (describe in Schedule O) . . . . .	8	0	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	27,928	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	0
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	0
	13 Professional fees and other payments to independent contractors . . . . .	13	875
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	17,513
	15 Printing, publications, postage, and shipping . . . . .	15	3,530
	16 Other expenses (describe in Schedule O) . . . . .	16	0
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	21,918
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	6,010
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	156,176
	20 Other changes in net assets or fund balances (explain in Schedule O) <i>Bld. Equity</i> . . . . .	20	1,199
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	163,385

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**Part II Balance Sheets.** (see the instructions for Part II.)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,917	16,447
23 Land and buildings	146,110	146,110
24 Other assets (describe in Schedule O) <b>2012 Pre-paid Expenses</b>	4,149	828
25 Total assets	156,176	163,385
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,176	163,385

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Provide Public Community Service**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28 <b>Provide Education and Experience to Youth (Children), Adults, and Seniors with Live Performing Arts on Stage for Performances for Community (Public).</b> (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a \$ <b>21,918</b>
29 <b>We would appreciate if there were any grants we qualify for to please help us to continue our services. Thank you.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

CEO, Directors  
 BOARD OF

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
President <b>Richard Boyd</b> Posterville 918 W. Mulberry Ave CA 93257	3	0	0	0
Vice Pres. <b>Bob Merzorian</b> Posterville 1080 Scenic Drive CA 93257	2	0	0	0
Secretary <b>Sharon Hall</b> Posterville 708 W. Olive Ave CA 93257	3-5	0	0	0
Corr. Sec. <b>Wesley Cox</b> Posterville 890 No Lime St CA 93257	3-5	0	0	0
Treasurer <b>Caroline Harris</b> Strathmore <del>Posterville</del> Po Bx 667 CA 93267	8-10	0	0	0
Director <b>Nicki Edwards</b> Posterville 13096 Rd. 208 CA 93257	3	0	0	0
Director <b>John Burkey</b> Posterville 2306 No. Roby CA 93257	2	0	0	0
Director <b>Esther Hunsaker</b> Posterville 23029 Success Valley Dr. CA 93257	2	0	0	0
Director <b>Wendy Plaisted</b> Posterville 1987 W. Monache CA 93257	2	0	0	0
Director <b>Ralph Bourne</b> Posterville 78 No. Corona CA 93257	2	0	0	0
Director <b>Robert Vanderhorst</b> Posterville 288 No. Di. St. CA 93257	2	0	0	0
Director <b>Steve Ross</b> Posterville 893 E. Cleveland CA 93257	2	0	0	0
Director <b>Judy Ann Hellrung</b> Posterville 1091 Birch Drive CA 93257	2	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? . . . . .		<input checked="" type="checkbox"/>
36	36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> <u>0</u>		
37b	b Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		<input checked="" type="checkbox"/>
41	41 List the states with which a copy of this return is filed. ▶ <u>CALIFORNIA</u>		
42a	42a The organization's books are in care of ▶ <u>Caroline Harris</u> Telephone no. ▶ <u>(559) 568-1388</u> Located at ▶ <u>PO Box 108 Porterville CA (42 So Alamo St.)</u> ZIP + 4 ▶ <u>93258</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<input checked="" type="checkbox"/>
	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.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44a	44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
44c	c Did the organization receive any payments for indoor tanning services during the year? <u>No TAN Beds</u>		<input checked="" type="checkbox"/>
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

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

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

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Leslie Woudstra*  
 Type or print name and title: *Leslie Woudstra Secretary*  
 Date: *9-1-2011*

**Paid Preparer Use Only**  
 Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

*The BARN THEATRE*

Employer identification number

*94-2572725*

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<i>The Barn Theatre</i>	<i>94-257-2725</i>	<i>5013(c) Non-profit</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>100%</i>
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .					2,737	2,737
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .					0	0
4 Total. Add lines 1 through 3 . . . . .					2,737	2,737
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .					2,737	2,737
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .					0	0
11 Total support. Add lines 7 through 10						2,737
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	49,953
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	100 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					2,737	2,737
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					49,953	49,953
3 Gross receipts from activities that are not an unrelated trade or business under section 513					0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
6 Total. Add lines 1 through 5					52,690	52,690
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					0	0
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					0	0
c Add lines 7a and 7b					0	0
8 Public support (Subtract line 7c from line 6.)						52,690

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					52,690	52,690
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	0
c Add lines 10a and 10b					0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)					52,690	52,690
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0%

- 19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

We are a small town community of 89% Hispanic population, the remainder population is ~~white~~ <sup>Caucasian</sup> other. We rely totally on the contributions from the public for their support to continue to offer constant theatrical performing arts live stage plays and: We also education and provide experience for youth (children), Adults & Seniors.

We are seeking help and request any government grant available we qualify for with above info.

Please, send us material or funds if available. For 301(c) <sup>3</sup> non-profit, tax exempt, <sup>small</sup> corporation who provide public service entertainment. Thankyou.

THE BARN THEATER  
PO Box 108  
Porterville, CA 93258

**BARN THEATRE**  
**Balance Sheet**  
As of June 30, 2011

	<u>Jun 30, 11</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
CHECKING	7,088.64
SAVINGS	5,005.25
TRUST TARGETED	4,354.00
<b>Total Checking/Savings</b>	<u>16,447.89</u>
<b>Other Current Assets</b>	
CASH ON HAND	200.00
Pre-Paid 2011-12 Bills	627.92
<b>Total Other Current Assets</b>	<u>827.92</u>
<b>Total Current Assets</b>	17,275.81
<b>Fixed Assets</b>	
THEATRE BUILDING	135,590.00
THEATRE PROPERTIES	10,520.00
<b>Total Fixed Assets</b>	<u>146,110.00</u>
<b>TOTAL ASSETS</b>	<u><u>163,385.81</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
Pre-paid SeasonTicket 2011/12	125.00
<b>Total Other Current Liabilities</b>	<u>125.00</u>
<b>Total Current Liabilities</b>	<u>125.00</u>
<b>Total Liabilities</b>	125.00
<b>Equity</b>	
Opening Balance Equity	157,253.03
Unrestricted Net Assets	6,007.78
<b>Total Equity</b>	<u>163,260.81</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>163,385.81</u></u>

11:17 AM  
09/17/11  
Accrual Basis

**BARN THEATRE**  
**Profit & Loss**  
June 2010 through May 2011

	<u>Jun '10 - May 11</u>
<b>Income</b>	
DONATE GENERAL	946.00
DONATIONS TARGETED	
CURTAINS	1,835 00
KITCHEN REMODEL	827 43
MEMORIAL	75 00
<b>Total DONATIONS TARGETED</b>	<u>2,737.43</u>
INTEREST INCOME	7.90
KITCHEN PRODUCTION INCOME	
BRUNCH	2,297 19
DINNERS & HOLIDAYS	4,424 30
<b>Total KITCHEN PRODUCTION INCOME</b>	<u>6,721 49</u>
OTHER EVENT INCOME	
2010 FIREWORK BOOTH	12,462.11
2010 HOSSCAR	450.00
2010 PARNORMAL STEW	53.00
Belleview School tips	88.00
Burton School	2,731 00
BUZZARDFEST	275.00
GHOST HUNTER TOURS	200.00
<b>Total OTHER EVENT INCOME</b>	<u>16,259.11</u>
PROGRAM ADS	1,638 00
RENT INCOME	1,340.00
SEASON TICKETS	3,935 00
THEATRICAL INCOME	
2010 LET HER RIP	2,590 00
2010 OURTOWN	3,599 00
2010 SAME TIME NEXT YEAR	1,780.82
2011 FANTASTICS	5,194 60
2011 MOSES LEADS THE CHILDREN	1,443 00
2011 STATE FAIR	4,498 00
<b>Total THEATRICAL INCOME</b>	<u>19,105 42</u>
<b>Total Income</b>	<u>52,690 35</u>
<b>Expense</b>	
ADMINISTRATION	
BANK CHGS	150 19
BARN SPONSORSHIP	175.00
BOX OFFICE	62 20
BULK POSTAGE	355 75
MISC. OTHER	51.17
PERMIT & FILING	326 10
PO RENT BOX	96 00
PO STAMP #79	375.00
SEASON BROSHURES	1,749 64
SEASON TICKETS	38 55
STATIONARIES & SUPPLIES	150.00
ADMINISTRATION - Other	0.00
<b>Total ADMINISTRATION</b>	<u>3,529 60</u>
BLD MAINTENANCE	
CONTRACTED LABOR	875.10
MATERIALS & SUPPLIES	611.71
PEST SPRAYING	350.00
<b>Total BLD MAINTENANCE</b>	<u>1,836 81</u>
INSURANCE	5,562.88

11:17 AM  
09/17/11  
Accrual Basis

**BARN THEATRE**  
**Profit & Loss**  
June 2010 through May 2011

	<u>Jun '10 - May 11</u>
<b>KITCHEN PRODUCTION EXP</b>	
BRUNCH	1,186.63
DINNERS/HOLIDAYS	1,462 10
OPERATIONAL PERMITS	273.00
SUPPLIES & EQUIP	464 13
<b>Total KITCHEN PRODUCTION EXP</b>	<u>3,385 86</u>
<b>LIGHTING &amp; SOUND EXP</b>	146 04
<b>OTHER EVENT EXP</b>	
2010 FIREWORK BOOTH	7,879 01
2010 HOSSCAR	141 55
BUZZARDFEST	141.12
<b>Total OTHER EVENT EXP</b>	<u>8,161 68</u>
<b>TELEPHONE</b>	991.89
<b>THEATRICAL PRODUCTION EXPENSE</b>	
2010 LET HER RIP	1,286 22
2010 OURTOWN	1,440.31
2010 SAME TIME NEXT YEAR	1,155 34
2011 FANTASTICS	1,384 69
2011 MOSES LEADS THE CHILDREN	696.63
2011 STATE FAIR	1,964.72
<b>Total THEATRICAL PRODUCTION EXPENSE</b>	<u>7,927 91</u>
<b>THEATRICAL SCRIPTS &amp; ROYALTIES</b>	
2009/2010 CALLIOPE	-250.00
2010 LET HER RIP	264.87
2010 OURTOWN	862.50
2010 SAME TIME NEXT YEAR	697 50
2011 FANTASTICS	1,903 75
2011 STATE FAIR	1,663.50
<b>Total THEATRICAL SCRIPTS &amp; ROYALTIES</b>	<u>5,142.12</u>
<b>UTILITIES</b>	9,997 78
<b>Total Expense</b>	<u>46,682 57</u>
<b>Net Income</b>	<u><u>6,007.78</u></u>

**THE BARN THEATRE BOARD OF DIRECTORS 2011-2012**

**JOHN BURKEY** 2011-2013  
SYSTEMS ANALYSIST  
2306 NO. ROBY  
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