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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

The Jackson Theatre Guild, Inc.
 Number and street (or P O box, if mail is not delivered to street address) P.O. Box 7041 Room/suite _____
 City or town, state or country, and ZIP + 4 Jackson, TN 38302-7041

D Employer identification number

58-1324181

E Telephone number

731 427-3200

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.jtgonline.com

J Tax-exempt status (check only one) 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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. ▶ \$ 111,063

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	28,130
	2 Program service revenue including government fees and contracts		2	57,636
	3 Membership dues and assessments		3	1,650
	4 Investment income		4	4,132
	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>7,180</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	8,565	
c Less: direct expenses from gaming and fundraising events	6c	4,126		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	4,439
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) <u>AD. REVENUE</u>			8	10,950
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	106,937
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	6,981
	13 Professional fees and other payments to independent contractors		13	14,048
	14 Occupancy, rent, utilities, and maintenance		14	17,911
	15 Printing, publications, postage, and shipping		15	10,048
	16 Other expenses (describe in Schedule O) <u>INSUR./MISC/OFFICE/BAU OF PRODUCTION COSTS</u>		16	32,869
17 Total expenses. Add lines 10 through 16			17	83,257
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	23,680
	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	178,181
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	201,861

SCANNED NOV 29 2011

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	175,477	199,157
23 Land and buildings	0	0
24 Other assets (describe in Schedule O) <i>ELECTRONIC KEYBOARD</i>	2,704	2,704
25 Total assets	178,181	201,861
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)	178,181	201,861

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? *PROMOTION OF THE THEATER ARTS*
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, 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 <i>WE PRODUCE & PERFORM 4-5 LIVE THEATER SHOWS (AVERAGE 6 PERFORMANCES PER SHOW) ANNUALLY. THIS DIRECTLY INVOLVES 100-120 AREA RESIDENTS OF ALL AGES & RACE. WE SERVE AN ANNUAL AUDIENCE OF 5,000 TO 6,000</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	59,304
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (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	59,304

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

(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
<i>BILL WORBOYS P.O. BOX 7041 JACKSON NJ 07302</i>	<i>PRESIDENT 1 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>MARTIN MEYER NOTED ABOVE</i>	<i>V-PRES 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>MAT D. WORBOYS above</i>	<i>TREAS. 1 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>SUSAN KRASKI above</i>	<i>SEC Y 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>MARY MCLEARY above</i>	<i>BOARD PRES 1/2 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BRENDA POITEK above</i>	<i>BOARD MEMBER 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>TORIS ARNOLD ADDRESS ABOVE</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BOB ARRINGTON " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>ANNE BAILEY " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>RUSSELL CLARKSON " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>TOM LOOK " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JACQUE HUMANS " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>CYNTHIA MANDEL " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>LIBBY MURPHY " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>HARRY GRAYES " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JANEL GUY " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>LARRY WOOD " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>TERESA IRWIN " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>CAROLYN CORLEY " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	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)		X
46	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		X

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & 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: *Matthew D. Worboys* Date: 10/21/2011

Type or print name and title: MAT D. WORBOYS, TREASURER

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

THE JACKSON THEATRE GUILD, INC

Employer identification number

58-1324181

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 only 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)(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 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)		
11g(ii)		
11g(iii)		

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
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 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 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.")	17,550	24,842	23,630	25,673	28,130	119,825
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	49,756	59,689	52,079	59,546	59,286	280,356
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-	-	-	-	-	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-	-	-	-	-	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-	-	-	-	-	
6 Total. Add lines 1 through 5	67,306	84,531	75,709	85,219	87,416	400,181
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	-	-	-	-	-	-
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-	-	-	-	-	-
c Add lines 7a and 7b	67,306	84,531	75,709	85,219	87,416	400,181
8 Public support (Subtract line 7c from line 6.)						

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	67,306	84,531	75,709	85,219	87,416	400,181
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	895	2,964	299	8,116	4,132	16,406
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	-	-	-	-	-
c Add lines 10a and 10b	895	2,964	299	8,116	4,132	16,406
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-	-	-	-	-	-
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	-	-	-	-	-
13 Total support. (Add lines 9, 10c, 11, and 12.)	68,201	87,495	76,008	93,335	91,548	416,587

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.1 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	96.69 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	3.9 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.31 %

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).

N/A