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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
2010
Open to Public

Department of the Treasury Internal Revenue Service

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

	nai Revenue		ing requirements.		So the same of the
Α	For the 2	2010 calendar year, or tax year beginning 9/01 , 2010, and endir	ig 8/31		, 2011
	Check if ap		D Employ	yer Iden	tification Number
-	_	schange Studio East Training	94-	3213	1270
	\vdash	For The Borforming Auto	E Telepho		
	Name	change 11730 118th Ave NE #100	1		
	Initial (Kirkland, WA 98034	(42	<u>5) 8</u>	20-1800
	Termin	wled (TITE THE TOTAL TO	[
	Amend	ted return	G Gross	eceipts	s 1,511,463.
	Applica	ation pending F Name and address of principal officer. Nikki Parish	H(a) Is this a group retur	n for aff	filiates? Yes X No
	٠٠٠٠٠٠.	Same As C Above	H(b) Are all affiliates inc		Tyes No
1	Tay ayon	npt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If 'No,' attach a list,	(see in	structions)
- -		e: • www.studio-east.org			•
			H(c) Group exemption n		
K		organization X Corporation Trust Association Other► L Year of Forma	lion: 1994 M :	State of	legal domicile WA
Pa	Irt 1-2"	Summary		<u> </u>	
		efly describe the organization's mission or most significant activities. To creat			
æ	_Dg	eople_to_discover_and_explore_the_performing_arts			
Activities & Governance	<u>-</u> ـ				
Ę					
Š	2 Ch	eck this box > If the organization discontinued its operations or disposed of mo	ore than 25% of its	net as	ssets.
•	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	9
8	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b) \ldots .		4	9
₹	5 To	tal number of individuals employed in calendar year 2010 (Part V, line 2a) ,		5	81
ਰ		tal number of volunteers (estimate if necessary)			200
⋖	7a To	tal unrelated business revenue from Part VIII, column (C), line 12,		7a	
	b Ne	t unrelated business taxable income from Form 990-T, line 34		76	
	1		Prior Year		Current Year
		ntributions and grants (Part VIII, line 1h)		059.	276,007.
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)	1,054,	746 <u>.</u>	1,212,231.
¥	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		375 <u>.</u>	264.
æ	11 Ot	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,	256.	-44,534.
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	. 1,455,9	936.	1,443,968.
	13 Gra	ants and similar amounts part (Rart IX, column (A), lines 1-3)	14,3	377.	17,465.
		nefits paid to offer there (Bert IX, column (A), line 4)			
	15 Sa	laries, other compensation, employee depetits (Part IX, column (A), lines 5-10)	749,4	174	792,219.
63	16 a De	stone and transfer one (Dettilly a Dec (A) tran 11a)		. / 3 .	132,213.
Expenses	10a Fit	ofessional fundraising fees (PartiliX, court (A), line 11e)			7 1
ğ	b To	tal funcialsing expenses (Part IX, column (D), line 25) > 30, 812.			一个大学
ш	17 Ott	ner expenses (Part IX, column (A), lines 11 a·11d, 11f-24f)	. 597,8	382.	702,063.
	18 To	tal expenses. A Para 127 (caust equal Part IX, column (A), line 25)	1,361,	733.	1,511,747.
	19 Re	venue less expanses Subtract line 18 from line 12	94,2		-67,779.
8 %	10 10	TO THE POST OF THE	Beginning of Currer		
2 5	20 To	lal assets (Part X, line 16)			
Belanc	21 To	tal liabilities (Part X, line 16)			
1	1				
	22 Ne	t assets or fund balances Subtract line 21 from line 20	. 336,8	<u> </u>	269,089.
Ра	nt II=	Signature Block			
Und	ler penalties	of penury, I declare that I have examined this return, including accompanying schedules and statements, and to ration of preparer (other than officer) is based on all information of which preparer has any knowledge	the best of my knowledge	e and be	alief, it is true, correct, and
	iproid Decia	TE TO THE TRUE OF THE PROPERTY IS DESCRIPTION OF WHICH PREPARE HES BRY KNOWLEGGE			
Siç	n n	Signature of officer	Date	100	
He	re	· Aftern E gada Masuel	04/12	120	(Z_
		Type or print name and title			
		Print/Type preparer's name Puepaler's signature Date	Check	it	PTIN
Pa	id	Judy C. Jones, CPA Judy C. Jones 3/09/			N/A
	o eparer	1 1 1 1 1 1 1 1 1 1 1 1	12 self-employ	eu	141/15
	e Only			_ NI /	۸
J 3	· · · · ·		Firm's EIN		
_		Seattle, WA 98125-7646	Phone no.	(20	
May	the IRS	discuss this return with the preparer shown above? (see instructions)	<u></u>	<u> </u>	. X Yes No
BA	A For Pa	perwork Reduction Act Notice, see the separate instructions.	A0113L 12/21/10		Form 990 (2010)

TEEA0102L 10/06/10

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Form 990 (2010)

Form 990 (2010) Studio East Training
Partive Checklist of Required Schedules

	One chist of required conceases		Yes	No
			res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part l	3		<u> x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b 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	11 b		X
,	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	Х
	d 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	11 d	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	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, Parts III and IV	16		Х
17	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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
ا	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

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Form 990 (2010)

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Forr	m 990 (2010) Studio East Training	94-3213270	1	Page 4
	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organic United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	izations in the		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	States on Part 22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' Schedule J	nization's current complete		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$\frac{1}{2}\$ the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through the Schedule K. If 'No,'go to line 25	\$100,000 as of gh 24d and 24	a	x
١	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	_	
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the yany tax-exempt bonds?	year to defease	c	
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24	d	
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	ction with a	a	х
ا	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'S Schedule L, Part I	a prior year, and Yes,' complete	ь	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated em disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	nployee, or e L, Part II 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, s contributor, or a grant selection committee member, or to a person related to such an individual? If 'Ye Schedule L, Part III	ubstantial is,' complete		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule Linstructions for applicable filing thresholds, conditions, and exceptions)	., Part IV		
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	a	X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	b	X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member th officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28	c X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule	M 29		X
30	contributions? If 'Yes,' complete Schedule M	30	_	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' co Schedule N, Part II	omplete 32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ations sections 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts line 1	II, III, IV, and V, 34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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,' complete Schedule R, Part V, line 2	Yes X No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable rorganization? If 'Yes,' complete Schedule R, Part V, line 2	related 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organitreated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	zation and that is 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 Note. All Form 990 filers are required to complete Schedule O	and 19?	X	

	n 990 (2010) Studio East Training	94-3213270	l	P	age:
විත	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>			
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 22			
	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				
•	(gambling) winnings to prize winners?	s and reportable gaming	1 c	X	'
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	i i			
2	ments, filed for the calendar year ending with or within the year covered by this return	2a 81	ł		
	b If at least one is reported on line 2a, did the organization file all required federal employment		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in		20		
9.		·	2		v
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	r <i>r</i>	_3a	-	Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u> </u>	3ь		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other file	or other authority over, a			
		nancial account)?	4a		X
	b If 'Yes,' enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		Χ
1	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	Γ	5c		
_	- December 2011				
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
	•	<u>"</u>	- 02	-	
	b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	ontributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	la l	00		
•	organizations that may receive deductible contributions under section 170(c).		ŀ		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and page 2007 and the page 2007	artly for goods and		- V	
	services provided to the payor?	<u> </u>	7a	X	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_	7 b	Х	
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	nich it was required to file	7.		v
		المحا	7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e		<u>X</u>
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	-	7f		Х
	$oldsymbol{g}$ If the organization received a contribution of qualified intellectual property, did the organization	on file Form 8899	_		
	as required?	Ļ	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a		v	
	Form 1098-C?		7 h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	g organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	ave excess business			
		<u> </u>	8		
	Sponsoring organizations maintaining donor advised funds.	l.			
	a Did the organization make any taxable distributions under section 4966?	L	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			ļ	
i	a Initiation fees and capital contributions included on Part VIII, line 12	10a	i	ĺ	
- 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	į	į	
11	Section 501(c)(12) organizations. Enter			1	
	a Gross income from members or shareholders.	11a		l	
	Gross income from other sources (Do not net amounts due or paid to other sources			1	
	against amounts due or received from them)	11 ь			
12;	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
		i e	12-		
•	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	e 0			
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	126			
	F	13b			
	<u> -</u>	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X_
1	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b	- 1	

94-3213270 Form 990 (2010) Studio East Training 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. \mathbf{x} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 16 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 \overline{X} officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7 a governing body? 7b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 b 11 a Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

See Schedule O 12 c X 13 13 Does the organization have a written whistleblower policy? Х 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O 15a Х **b** Other officers of key employees of the organization See Schedule O 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

X Upon request Another's website

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial See Schedule O statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Nikki Parish 11730 118th Ave NE Kirkland WA 98034 (425) 820-1800

Form 990 (2010)

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Form 990 (2010)	Studio	East	Training

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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza tions in	ndividual trustee or director			Rey employee	Highest compensated employee	Former	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 and related organizations
	Schedule O)	tee	ustee			ensated				
(1) Darlene Keeler Pollard Co-President	4	Х		Х				0.	0.	0.
(2) Silvija Coulter Co-President	4	Х		Х				0.	0.	0.
(3) Suzanne Kagen Vice Presid.	2	Х		Х				0.	0.	0.
(4) Kevin Jordan Treasurer	2	х		х				0.	0.	0.
_(5) Maura Barr Director	1	Х						0.	0.	0.
(6) Nathan Everett Director	1	Х						0.	0.	0.
(7) Sherry Grindeland Secretary	2	Х		Х				0.	0.	0.
(8) Roberta Miner Director	1	Х						0.	0.	0.
(9) Janna Annest Director	1	Х						0.	0.	0.
(10) Nikki Parish Managing Direct	40			Х				52,000.	0.	22,490.
(11) Lani Brockman Artistic Direct	40			х				52,000.	0.	14,154.
<u>(12)</u>										
(13)										
<u></u>										
<u>(15)</u>										
<u>(16)</u>		_								
<u>(17)</u>										
544		_								E 000 (0010)

Part VII Section A. Officers, Directors, Trust	ees, K	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours		_					Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (describe hours for related organi- zations in Sch O)	or di	Insti	Officer	ę	High empl	Forn	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
	hours for related	recto	uttor	er	emp	est c	ıer	(** = *********************************	(2 ,	organization and related
	zations	์ ซู	nal tr		oyee	duo				organizations
	Sch O)	1	Instribtional trustee			Highest compensate employee				
						8				
(18)								_		
3.52										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)		-								
(26)					_	-				
(27)					<u> </u>					
(28)		-				_				
(29)										
1 b Sub-total							•	104,000.	0.	36,644.
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.	0.
d Total (add lines 1b and 1c)							>	104,000.	0.	36,644.
2 Total number of individuals (including but not limite	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in report	able compensation
from the organization 0										
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndividua	ee, I	key	emp	oloy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re			mna	nca!	tion	200	l oth	or componention	from	
the organization and related organizations greater t	han \$15	0,00	00?	If 'Y	'es'	com	plet	e Schedule J for	II OIII	
such individual										4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or 10 pt.	ompens complet	atio e Sc	n fro hed	om a lule .	any <i>J foi</i>	unre r sue	elate ch p	d organization or <i>erson</i>	individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization 	ed ınde	pend	dent	cor	itrac	ctors	tha	t received more t	han \$100,000 of	
(A)	_							(B),	(C)
Name and business addres	s 							Description	of services	Compensation
								-		
			-							
2 Total number of independent contractors (including		lımı	ted	to th	nose	list	ed a	above) who receiv	ed more than	
\$100,000 in compensation from the organization										
BAA	Т	EEAC	108L	12/2	21/10					Form 990 (2010)

Га	t viii Statement of Revenue	400	(B)	(0)	(D)
!		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S (6	1 a Federated campaigns 1 a				
ANT	b Membership dues 1b				
A G	c Fundraising events 1c 138,896.				
R A	d Related organizations 1 d				
S, G	e Government grants (contributions) 1 e				1
NO.	• All other contributions offe grants and				•
THE	f All other contributions, gifts, grants, and similar amounts not included above 1f 137, 111.				
NTR O O	g Noncash contributions included in lns 1a-1f \$ 15,824.				
PROGRAM SERVICE REVENUE CONTRIBUTIONS. GIFTS. GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	276,007.			
4UE	Business Code				
EVEI	2a Tuitions 711110	632,746.	632,746.		
ER	b Admissions 711110	476,810.	476,810.		
.vic	c Program Service Fees 711110	91,100.	91,100.		
SEG	d Studio Rental 711110	11,575.	11,575.		
RAM	e				
SOG	f All other program service revenue				-
<u> </u>		1,212,231.			
	3 Investment income (including dividends, interest and other similar amounts)	264.			264.
	4 Income from investment of tax-exempt bond proceeds	204.			204.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net' rental income or (loss) ▶				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				}
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)			·	
	d Net gain or (loss)			-	
ш	8a Gross income from fundraising events (not including \$138,896.				
R REVENUE					
REV	of contributions reported on line 1c). See Part IV, line 18 a 8,700.				
HER	b Less direct expenses b 63,980.				
ОТНЕ	c Net income or (loss) from fundraising events	-55,280.			-55,280.
		33,200.			33,200.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a 6,903.				
	b Less cost of goods sold b 3,515.				
	c Net income or (loss) from sales of inventory	3,388.	3,388.		
	Miscellaneous Revenue Business Code				
	11a Service Charges 900099	5,144.			5,144.
	b Misc. Income 900099	1,514.			1,514.
	c Advertising 541800	700.	_	700.	
	d All other revenue	2.250	·		
	e Total. Add lines 11a-11d	7,358.	1 215 610	700	40.050
	12 Total revenue. See instructions	1,443,968.	1,215,619.	700.	-48,358.

Form 990 (2010) Studio East Training Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comp	lete column (A) but are	not required to complet		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,465.	17,465.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,644.	93,895.	36,411.	10,338.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	554,599.	537,430.	6,500.	10,669.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,115.	5,659.	180.	276.
9	Other employee benefits	26,868.	25,861.	672.	335.
	Payroll taxes	63,993.	58,900.	3,246.	1,847.
	Fees for services (non-employees).	03, 333.	30, 300.	3,240.	1,047.
	, , , , ,			i	
	Management				···
	Legal	7 105		7 105	
	Accounting	7,135.		7,135.	
	Lobbying				
	Professional fundraising services See Part IV, line 17			الشيئك فافتياه منائب الماك	
	Investment management fees				
9	g Other	4,378.		4,378.	
12	Advertising and promotion	102,920.	102,715.		205.
13	Office expenses.	39,945.	24,861.	10,615.	4,469.
14	Information technology	15,504.	13,954.	1,550.	
15	Royalties	36,459.	36,459.		
16	Occupancy	219,724.	193,029.	26,605.	90.
17	Travel	2,023.	2,023.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,800.	26.	1,774.	
20	Interest	2,128.		2,128.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,345.	39,911.	4,434.	
23	Insurançe	4,119.		4,119.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
	Production expenses	137,170.	137,045.		125.
	Supplies	28,401.	26,157.	2,244.	-
	New York Trip exp.	22,858.	22,858.	, , , , ,	
	Repair and Maintenance	17,202.	15,916.	1,286.	
	Equipment	13,494.	12,166.	1,328.	
	All other expenses	2,458.		-/	2,458.
	Total functional expenses. Add lines 1 through 24f	1,511,747.	1,366,330.	114,605.	30,812.
	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). 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 (2010)

			(A) Beginning of year		(B) End of year			
1	Cash - non-interest-bearing		4,906.	1	24,977			
2	Savings and temporary cash investments		41,086.	2	28,551			
3	Pledges and grants receivable, net		31,504.	3	21,30			
4	Accounts receivable, net		6,413.	4	29,516			
5	 Receivables from current and former officers, directors, truste and highest compensated employees Complete Part II of Sch 	es, key employees, ledule L		5				
6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B), and contributing e sponsoring organizations of section 501(c)(9) voluntary emplo organizations (see instructions)		6					
7	Notes and loans receivable, net			7				
E	Inventories for sale or use			8				
9	Prepaid expenses and deferred charges		38,893.	9	35,869			
10	a Land, buildings, and equipment cost or other basis.	444 717						
	Complete Part VI of Schedule D	444,717.	210 144		205 201			
١.,	b Less accumulated depreciation 10b	149,516.	319,144.	10 c	295,201			
11	, , , , , , , , , , , , , , , , , , , ,			11				
ı	Investments - other securities See Part IV, line 11			12				
13								
14	3		25 000	14	25 000			
15	•		25,000.	15	25,000			
16			466,946. 110,231.	16 17	460,41			
18	·		110,231.	18	172,588			
19		į	19,847.	19	18,739			
20			19,041.	20	10,73			
21	•	adula D		21				
l	•			21				
22	2 Payables to current and former officers, directors, trustees, ke highest compensated employees, and disqualified persons. Co of Schedule L	ey employees, omplete Part II		22				
23		es		23				
24				24				
25	, ,		· · · · · · · · · · · · · · · · · · ·	25				
26	·		130,078.	26	191,32			
		complete lines						
	27 through 29 and lines 33 and 34.	-						
27	Unrestricted net assets		312,086.	27	236,957			
28	3 Temporarily restricted net assets		24,782.	28	32,132			
29	Permanently restricted net assets			29	· · ·			
ĺ	Organizations that do not follow SFAS 117, check here ▶	and complete			******			
İ	lines 30 through 34.]		l i				
30	-	orincipal, or current funds						
31		i		31				
32			-	32				
33			336,868.	33	269,089			
			466,946.	34	460,416			

Forn	1990 (2010) Studio East Training	34-3 <u>213270</u>		Pa	age 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>43,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		67,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	36,8	
5	Other changes in net assets or fund balances (explain in Schedule O).	5			<u>0.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	69,0)89 <u>.</u>
Pa	TIME Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>			\Box
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
ŀ	Were the organization's financial statements audited by an independent accountant?		2b		X
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
(If Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		_x
l	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit	3b		
BAA			Form	990 ((2010)

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

Open to Public Inspection

Name	of the	organization		East Train							Employe	r identifica	tion number		
				ne Performin								21327			
Par	<u> </u>	Reason	for Publ	ic Charity Stat	us (All organiza	tions	must o	comple	te this	part.)	See ii	nstruct	tions.		
The c	rga	nization is i	not a priva	ite foundation beca	ause it is (For lines	1 thro	ugh 11,	check o	nly one	box)					
1	Ш	A church,	convention	of churches or as	ssociation of churche	es des	cribed in	section	170(b)	(1)(A)(i)					
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)														
3	П	A hospital	or a coope	erative hospital sei	rvice organization de	escribe	ed in sec	tion 17	0(b)(1)(A	۱)(iii).					
4	П	A medical	research o	organization opera	ted in conjunction w	ith a h	nospital d	describe	d in sec	tion 17	0(b)(1)(<i>A</i>	A)(iii). E	nter the hos	spital's	
		name, city	, and state	y.											
5		An organiz 170(b)(1)(A	zation oper A)(iv). (Co	ated for the benef mplete Part II)	it of a college or un	versity	y owned	or oper	ated by	a gover	nmenta	unit de	scribed in s	section	
6															
7		in section	170(b)(1)(/	A)(vi). (Complete	Part II)			_	vernme	ntal uni	t or fron	n the ge	neral public	: describe	;d
8	닖		-		n 170(b)(1)(A)(vi) . (C	•		•							
9	X	from activi	ities related t income a	d to its exempt fur and unrelated busin	(1) more than 33-1 nctions — subject to ness taxable income (Complete Part III)	certaii	n except	ions, an	id (2) no	more t	han 33-	1/3% of	its support	t from aro	ss
10		An organiz	zation orga	nized and operate	ed exclusively to test	for pu	ublic safe	ety. See	section	1 509(a)	(4).				
11		more publi	icly suppor	ted organizations	ed exclusively for the described in section ization and complete	509(a	a)(1) or s	ection 5	509(a)(2	ctions o). See s	of, or ca section !	rry out t 509(a)(3	the purpose). Check th	s of one one one one	or at
		a Type	:1	b Type I	ıı c	Гуре II	I – Fund	tionally	ıntegra	ted		d \square	Type III -	- Other	
е		By checking other than section 50	foundation	, I certify that the n managers and o	organization is not o ther than one or mo	control re pub	led dired licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disqua in secti	lified persoi ion 509(a)(ns I) or	
f		If the orga check this	nization re box	ceived a written d	etermination from th	ne IRS	that is a	Type I	, Type I	or Typ	e III sup	porting	organizatio	n, [
g		Since Aug	ust 17, 200	06, has the organi	zation accepted any	gift o	r contrib	ution fro	om any	of the fo	llowing	person	s?		
														Yes N	0
		belov	w, the gove	erning body of the	y controls, either ald supported organization	tion?	togethe	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
		(ii) A far	nıly memb	er of a person des	scribed in (i) above?								11 g (ii)		
		(iii) A 35	% controlle	ed entity of a pers	on described in (i) o	r (II) a	bove?						11 g (iii)		
<u>h</u>		Provide the	e following	information abou	t the supported orga	nızatı	on(s)		· · · · · ·						
		(i) Name of si organiza	upported ition	(II) EIN	(iii) Type of organii (described on line above or IRC sec (see instruction	s 1 9 ction	column (s the ation in in instead in overning ment?	the organ	rou notify nization in n (i) of upport?	organiz colur	s the ation in nn (i) ed in the	(vii) Amoui	nt of support	
							Yes	No	Yes	No	Yes	No			
<u>(A)</u>										ļ					
<u>(B)</u>															
(C)															
(D)															
<u>(E)</u>					_										
Total		ŧ													

Schedule A (Form 990 or 990-EZ) 2010 Studio East Training 94-3213270 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')						
	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 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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning 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 activ	ities, etc (see ins	tructions)	•		12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			ne 11, column (f))		14	<u> </u>
	Public support percentage from 2	·	•			15	%_
16 a	33-1/3% support test – 2010. If t and stop here. The organization	he organization d qualifies as a put	lid not check the olicly supported o	box on line 13, ar organization .	nd the line 14 is 3	3-1/3% or more, c	heck this box
t	33-1/3% support test — 2009. If t and stop here. The organization	he organization d qualifies as a put	lid not check a bo blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization is the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	hox and stop her	re Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstance test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization	IV how the ►
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a			structions

Schedule A (Form 990 or 990 EZ) 2010 Studio East Training 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.)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr 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.)	174,965.	200,212.	178,847.	381,059.	276,007	. 1,211,090.
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				1,054,746.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,019,939.	1,114,021.	1,043,400.	1,034,740.	1,213,013	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	1,194,924.	1,314,233.	1,224,327.	1,435,805.	1,491,626	. 6,660,915.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	62,058.	78,020.	100,767.	239,789.	90,184	. 570,818.
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.	0.	0.	0	. 0.
_	: Add lines 7a and 7b	62,058.	78,020.	100,767.	239,789.	90,184	
-	Public support (Subtract line 7c from line 6)	02,030.	70,020.	100,707.	233, 103.	30,104	6,090,097.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	1,194,924.	1,314,233.	1,224,327.	1,435,805.	1,491,626	. 6,660,915.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	4,651.	3,401.	2,243.	1,359.	264	. 11,918.
	taxes) from businesses acquired after June 30, 1975.				200.	700	
	: Add lines 10a and 10b	4,651.	3,401.	2,243.	1,559.	964	. 12,818.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			25,101.	16,952.		42,053.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV			2,801.	1,620.	6,658	
		1 100 575	11 217 624	1,254,472.	1,455,936.	1,499,248	. 6,726,865.
13	Total support. (Add Ins 9, 10c, 11, and 12)	1,199,575.	1,31/,634.	1,233,312.	1,455,956.	1,433,240	1 0,720,003.
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secoi				
14 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organization here blic Support P	ation's first, secoi Percentage	nd, third, fourth, c	r fifth tax year as	a section 501(c)(3)
14 Sec 15	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20	is for the organization here blic Support P	ation's first, secon Percentage n (f) divided by lir	nd, third, fourth, c	r fifth tax year as	a section 501(i	s)(3) ► ☐ 5 90.5 %
14 Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	is for the organize stop here blic Support P 010 (line 8, columi 2009 Schedule A,	ercentage n (f) divided by lin Part III, line 15	nd, third, fourth, c	r fifth tax year as	a section 501(s)(3) ► ☐ 5 90.5 %
14 Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	is for the organize stop here blic Support P 010 (line 8, column 2009 Schedule A, estment Incor	ation's first, second Percentage In (f) divided by lin Part III, line 15 Ine Percentage	nd, third, fourth, cone 13, column (f))	or fifth tax year as	a section 501(i	© 90.5 % 93.6 %
14 Sec 15 16 Sec 17	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f	Is for the organize stop here blic Support P 010 (line 8, columi 2009 Schedule A, restment Incor or 2010 (line 10c,	Percentage In (f) divided by lin Part III, line 15 INTERIOR Percentage Column (f) divided	nd, third, fourth, cone 13, column (f)) e d by line 13, column	or fifth tax year as	a section 501(i	(c)(3) ► □ (d) 90.5 % (d) 93.6 % (e) 0.2 %
14 Sec 15 16 Sec 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests — 2010. If	Is for the organize stop here blic Support Polic (line 8, column 2009 Schedule A, restment Incorror 2010 (line 10c, rom 2009 Schedule the organization	Percentage In (f) divided by lin Part III, line 15 INTERIOR Percentage Column (f) divide Ile A, Part III, line Ild not check the	ne 13, column (f)) e d by line 13, colu 17	or fifth tax year as	15 16 17 18 18 18 19	90.5 % 93.6 % 0.2 % 0.2 % and line 17
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Invastment income percentage for Investment income percentage for the support percen	is for the organizatop here blic Support P 010 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, rom 2009 Schedul if the organization if the organization if the organization	Percentage In (f) divided by ling Part III, line 15 INTERIOR PERCENTAGE IN (A) Part III, line 16 IN (B) A) Part III, line 16 IN (B) A) Part III, line 17 IN (B) A)	nd, third, fourth, one 13, column (f)) ed by line 13, column 17 box on line 14, anization qualifies anox on line 14 or l	or fifth tax year as min (f)) and line 15 is more as a publicly supp ine 19a, and line	a section 501(i	90.5 % 93.6 % 0.2 % 0.2 % 0.2 % 0.3

Schedule A	(Form 990 or 990	·EZ) 2010 Stu	dio East T	'raining		94-32132	270 Page 4
Part IV	Supplemental Part II, line 17 (See instruction	Information. (a or 17b: and	Complete this Part III, line 1	part to prov 12. Also com	ide the explanation plete this part for	ons required by Pa any additional inf	rt II, line 10; ormation.
	, 						
			-				
					-		
					-		
		 					
							_
					 -		
							
							
							
			- 				
			· -		-		

SCHEDULE D (Form 990)

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

Name of the organization

	udio East Training r The Performing Arts			94-3213270
-	rt I Organizations Maintaining Dono	Advised Funds or Other	Similar Funds or Acc	
<u> </u>	the organization answered 'Yes' t	o Form 990. Part IV. line	6.	counts. Complete ii
	the organization anonorgal root	T		Conde and albert accounts
	Total acceptance to and of conse	(a) Donor advised fu	inas (b)	Funds and other accounts
'	Total number at end of year		·	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			·
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the a to the organization's exclusive	essets held in donor advised legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or dono	g that grant funds can be or advisor, or for any other	□Yes □ No
Da	rt II Conservation Easements. Compl		awarad 'Vaa' ta Farm (
				990, Part IV, line 7.
1		_	¬ ··· ··	
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of an historic	
	Protection of natural habitat	L	Preservation of a certified	historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation	contribution in the form of	a conservation easement on the
			manufacture and a second a second and a second a second and a second a	Held at the End of the Tax Year
	a Total number of conservation easements		2a	***
	b Total acreage restricted by conservation ease	ments.	2b	
4	c Number of conservation easements on a certi-	fied historic structure included i	n (a) 2c	
4	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, an	d not on a historic	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguis	hed, or terminated by the o	rganization during the
4	Number of states where property subject to co	onservation easement is located	! ►	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring	, inspection, handling of vic	olations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing co	onservation easements durin	ng the year
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing conser	vation easements during th	e year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its re to the organization's financial st	venue and expense statementatements that describes the	t, and balance sheet, and e organization's accounting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ansi			nilar Assets.
1 ;	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, edu	cation, or research in furthe	ent and balance sheet works of rance of public service, provide,
ı	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to reported for public exhibition, education	t in its revenue statement a on, or research in furtherand	and balance sheet works of art, ce of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 (ASC 958) relating to these	similar assets for financial items	
á	a Revenues included in Form 990, Part VIII, line	, ,		►\$
	Assets included in Form 990. Part X			►S

Schedule D (Form 990) 2010 Studi	o East Tr	ainina		94-321:	3270	Page 2
Part III Organizations Maintai	ining Collect	ions of Art. Histo	rical Treasures, or	-		
Using the organization's acquisiting						
items (check all that apply)	ori, accession,	—	ck any or the following	that are a significant a	30 01 113 00	500.011
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e 💹 Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV	nization's collec	tions and explain how	they further the organi	zation's exempt purpos	se in	
5 During the year, did the organiza	tion solicit or re	ceive donations of art	, historical treasures, or	other similar	٠,,	г.
assets to be sold to raise funds r Part IV Escrow and Custodia	ather than to be	e maintained as part o	the organization's coll	ection/	Yes	No
9, or reported an amount	unt on Form	990, Part X, line	21.			, iiiie
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or other	er assets not	Yes	□No
b If 'Yes,' explain the arrangement				•		
on res, explain the analigement	mi are xiiv aix	2 00111p1010 1110 10110111	·g (20)		Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a		990, Part X, line 21?			Yes	∐No
b If 'Yes,' explain the arrangement		 -	1 N/2 1 1 2 E 2	000 D+ IV/ I	10	
Part V Endowment Funds. Co						
1 - Recogning of year belones	(a) Current ye	ar (b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	Bars Dack
1 a Beginning of year balance b Contributions	•				 	
c Net investment earnings, gains, and losses						
d Grants or scholarships						·
e Other expenditures for facilities						
and programs					1.33	<u>' </u>
f Administrative expenses						
g End of year balance		<u> </u>			<u> </u>	
2 Provide the estimated percentage a Board designated or quasi-endov	-	id balance neld as:				
b Permanent endowment	WITHERIT	°				
c Term endowment	°					
						
3a Are there endowment funds not a organization by	in the possession	on of the organization	that are neid and admir	nistered for the	Yes	s No
(i) unrelated organizations.					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations lis	ited as required on Sc	hedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Land, Buildings, and I				· · · · · · · · · · · · · · · · · · ·		
Description of investment	t (a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land	L					
b Buildings	L					
c Leasehold improvements	L		292,143.	39,475.		2,668.
d Equipment	<u> </u>		152,574.	110,041.	4	2,533.
e Other		15 205 5 :::	((5) ()			E 201
Total. Add lines 1a through 1e (Colum	nn (d) must equa	ai Form 990, Part X, c	oiumn (B), line 10(c))	<u>^</u>	_	5,201
BAA				Sched	ule D (Form	99U) 20

. Schedule D (Form 990) 2010 Studio East Traini	.ng	94-32	13270 Page 3
Part VII Investments-Other Securities. See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests			
(3) Other			······································
<u>(A)</u>			
(B) :		,	
<u>(C)</u>			
(D)			
(E)			
(F)			
(G) (H)			
(H)(I)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)			
Part VIII Investments-Program Related. (See	Form 990, Part X.	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	(-)	Cost or end-of-year ma	rket value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			····
Part IX Other Assets. (See Form 990, Part X,	line 15)		
	scription		(b) Book value
(1) Asset held for use			25,000.
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
(10)	 :		
Total. (Column (b) must equal Form 990, Part X, column(B)	1), line 15)		25,000.
Part X Other Liabilities. (See Form 990, Part	X, line 25)		
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			ł
			,
(8)	 		
(9)		_	ļ
(10)			
(11) ' (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	-646-6-4-4-4-4-4-4		

TEEA3303L 12/20/10

Schedule D (Form 990) 2010 Studio East Training	94-32	13270 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ncial Statements	N/A
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		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines	s 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Stateme		n N/A
Total revenue, gains, and other support per audited financial statements	1	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	স্প্র	>,
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	26	7
	2c 25	;
c Recoveries of prior year grants	2d	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	26	8
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		ì
a Investments expenses not included on Form 990, Part VIII, line 7b	4a ***	. 1
b Other (Describe in Part XIV)	4b	ية الم
c Add lines 4a and 4b	. 4	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		17.7
Part XIII Reconciliation of Expenses per Audited Financial Statem	ients With Expenses per Ret	urn N/A
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	اهر پيدر) در در د	u
a Donated services and use of facilities	2a	<u> </u>
b Prior year adjustments	2b 47, 20	
c Other losses	2c	3
d Other (Describe in Part XIV.)	2d Lack	_
e Add lines 2a through 2d	26	e
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	The state of the s	7
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	<u>2</u>
c Add lines 4a and 4b	40	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8) 5	<u> 1 </u>
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII,	Part III, lines 1a and 4; Part IV, line	s 1b and 2b,
any additional information	illes 20 and 40 Also complete this	s part to provide
·		
	·	

Schedule D (Form 990) 2010 Studio East Training Pair XIV Supplemental Information (continued)	94-3213270	Page 5
Rant XIV Supplemental Information (continued)		
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· 		
		-

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Schedule **D** (Form 990) 2010

2010 S	chedule D, P	art XIV - Supplemental In	formation	Page 6
		Studio East Training For The Performing Arts		94-321327
Schedule D, Part XII, Other Revenue Includ	Line 2d ded In F/S But Not	Included On Form 990		
Fundraising Direc	ct Expense		Total \$	26,355. 26,355.
Schedule D, Part XII, Other Revenue Includ	Line 4b ded On Form 990 E	But Not Included In F/S		
Grants and Schola	arships		Total \$	17,465. 17,465.
Schedule D, Part XIII, Other Expenses And	Line 2d Losses Per Audite	ed F/S		
Fundraising Direc	ct expenses		Total \$	26,355. 26,355.
Schedule D, Part XIII, Other Expenses Inclu	Line 4b uded On Form 990	But Not included in F/S		· · · · · · · · · · · · · · · · · · ·
Grants and Schola	arships		Total <u>\$</u>	17,465. 17,465.
•				
•				

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

open to Public Inspection

Name of the organization Studio East 3	raining				I	Employer identifica	
For The Perfo						94-321327	0
Part Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orgai quired to compl	nization ai ete this pa	nswered '\ art.	es' to Form 990, Part I	V, line 1	7.	
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities Check	all that	apply.	
a Mail solicitations			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitations			f	Solicitation of gove	rnment i	orants	
c Phone solicitations			g	H		g. 20	
, 			У	Opecial failuralsing	events		
d ☐ In-person solicitations 2a Did the organization have a writter	or oral agreer	ment with	any individ	dual (including officers	director	s trustage or k	014
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	s, trustees or k ;?	Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent	tities (fund	-	_			_
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) / icuvity	have custoo	dy or control ibutions?	from activity	(or r	etained by) aiser listed in olumn (i)	(or retained by) organization
		1				31011111 (1)	
		Yes	No				
1							
2							
3							<u> </u>
4							
5							
6							
7							
8							
9							
10							····
10	<u> </u>						
Total							^
Total 3 List all states in which the organizations in the organization of the organiz	ation is register	ed or lice	nsed to so	licit contributions or ha	s been r	notified it is exe	mpt from registration
or licensing	- -			. 			
							
				·- 	 -		
				- 			
				. – – – – – – – – .			
,		- 					

Schedule G (Form 990 or 990-EZ) 2010 Studio East Training 94-3213270 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) Auction Curtains Up through column (c)) (event type) (event type) (total number) 46,445 1 Gross receipts 89,442 135,887. 2 Less Charitable contributions 80,742. 46,445 127,187. 8,700. 3 Gross income (line 1 minus line 2) 8,700. 4 Cash prizes 37,625. 5 Noncash prizes 37,625. DIRECT 2,401 6 Rent/facility costs 2,401. 2,191 7 Food and beverages 7,784. 9,975. 8 Entertainment 12,465 12,465. 9 Other direct expenses 62,466. 10 Direct expense summary Add lines 4- through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 -53,766. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Part III (b) Pull tabs/Instant (d) Total gaming (add column (a) through column (c)) (a) Bingo (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue 2 Cash prizes. 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes 욯 Yes 윻 Yes 왕 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? ີNo 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain

Sche	edule G (Form 990 or 990-EZ) 2010 Studio East Training	94-3213270	Page 3
11		. Ye	s No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?	formed to Ye	s No
13	Indicate the percentage of gaming activity operated in:	1 1	
	a The organization's facility	. 13a	*
	An outside facility	13b	<u>*************************************</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and records:	
	Name •	-	
	Address ►		
t	a Does the organization have a contact with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ to If 'Yes,' enter name and address of the third party:		Yes No
	Name •		· -
	Address ►		
16	Gaming manager information.		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided	·	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	Ш,	Yes No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the	
Rai	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as apart to provide any additional information (see instructions).	red by Part I, plicable. Also	line 2b, complete
			
			

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	· Complete is		ine organization answered Tes, to rorm 550, Fart IV, lines 21 of 22.	om 330, ran 14, lines . 0.	or ££.	,	Open to Public Inspection
Name of the organization						Employer Identification number	ation number
Studio East Training				i		94-3213270	0
Part I General Information on Grants and Assistance	rants and Assist	ance					
	rds to substantiate the	e amount of the grace?	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	grantees' eligibility for t	ne grants or assistano	e, and	X Yes No
2 Describe in Part IV the organization's procedures for monitorir	s procedures for mon	toring the use of gr	ng the use of grant funds in the United States	States See Part IV	rt_IV	:	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ince to Governme for any recipient	ents and Organi that received m	izations in the Unit nore than \$5,000. C	ed States. Comple theck this box if no	te if the organizat one recipient rec	ion answered 'Ye	ss' to \$5,000.
Part II can be duplicated if additional space is	f additional space	is needed					×
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(2)							
(3)							
(4)							
<u></u>							
(6)							
ω							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations				•	0
3 Enter total number of other organizations	tions					A	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	s for Form 990.		TEEA3901L 10/29/10	10/29/10	Sched	Schedule I (Form 990) 2010

Schedule I (Form 990) 2010 Studio East Training

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1				Amount of FMV	
2				ticket price	
3 Ticket Scholarships	2,750		6,220.	waived	Ticket waived
4				FMV amount of	
5 Tuition Scholarships	62		11,245.	tuition waived	Tuition waived
9					
- 1					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line	olete this part to pi	rovide the informat	ion required in Pai	2,	and any other additional information.
Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.	<u>ing Use of Grants</u>	Funds in U.S.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Applications for tuition scholarships a	<u>arships are re</u>	re_reviewed_by_the_management_team,_and_	<u>management tea</u>	nand	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
granted_based_upon_financial_needSome		_merit_scholarships_are_also_qranted_at_the	<u>-are_also_qran</u>	ted_at_the	
discretion_of_the_management_teamRedu	eamReduced_p	ced price tickets for theater productions	or theater pro	ductions are	
offered_to_school_and_community_groups_	Y_groups_based	based upon application for funds. The amount	ion for funds.	The amount	
of_the_ticket_scholarship_is_determined	letermined_by_t	_by_the_percentage_of_students_in_the_group_	of students in	the group	
who_qualify_for_the_Federal_Fee_and_Reduced_School_Lunch_Program	e and Reduced	School_Lunch P	rogram		
	! ! ! ! ! !	 	 		

BAA

Schedule I (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

2010

► Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Studio East Training

Employer identification number

	for the Periormi						<u>4-32.</u>						
Part I	Excess Benefit Transaction Complete if the organization answ	1s (sectered 'Yes	tion 501 ' on Form	(c)(3) and sectior 990, Part IV, line 25a	n 501(c)(or 25b, or	4) organiz Form 990-EZ	ations , Part V	only , line	/). 40b.				
1	(a) Name of disqualified person				(h) Description	n of transaction					(c) Corr	ected?	
<u> </u>	(w) raine of disqualities person			· · · · · · · · · · · · · · · · · · ·	(D) Description	11 01 0 01300001					Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)											igwdapprox		
(6)			L.										
sect	er the amount of tax imposed on the ion 4958.	•				ring the yea	r under	► \$					
	er the amount of tax, if any, on line 2				n			- \$					
Part II	Loans to and/or From Inter												
	Complete if the organization answe	red 'Yes'	on Form 9	990, Part IV, line 26 oi	r Form 990-	EZ, Part V, I	ine 38a						
(a)	Name of interested person and purpose	(b) Loan the orga	to or from anization?	rom (c) Original on? principal amount		alance due	(e) In ((e) In default?		(f) Approved by board or committee?		ritten ment?	
		To	From				Yes	No	Yes	No	Yes	No	
(1)				_	 								
(2)					1								
(3)				·									
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)			<u> </u>		1	=							
Total				▶ ;	\$		<u> </u>			3. ·÷			
Part III_	Grants or Assistance Bene Complete if the organization	fitting l n answe	I ntereste ered 'Ye:	ed Persons. s' on Form 990, f	⊃art IV, I	ine 27.							
	(a) Name of interested person	1	(b) Relationsh	ip between interested perso the organization	n and	((c) Amoun	t and typ	oe of as	sistance	ice		
(1)													
(2)					-			-					
(3)			-										
(4)													
(5)													
(6)									•				
(7)				-									
(8)													
(9)													
(10)													

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010				Pa	age 2
Business Transactions I Complete if the organizations	nvolving Interested Perso tion answered 'Yes' on For	m s. m 990, Part IV, I	ine 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza revenu Yes	ing of ation's ues?
(1) Susan Bardsley and	co-owners of	21,844.	Paid script royalties	165	X
(2) Lani Brockman	Dementia Unlim	21,044.	Taid Script Toyarcies	-	X
(3)	Dementra Gillim				
(4)					
(5)					
(6)					
(7)					
(8)				L	
(9)					
(10)					
Part V Supplemental Information					
Complete this part to provide ad	ditional information for response	s to questions on Sc	hedule L (see instructions).		
		 _			
					
		- 			
		_			
					
_					
		 -			
					
				_	
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Studio East Training For The Performing Arts	Employer identification number 94-3213270
Form 990, Part III, Line 4d - Other Program Services Description	
School_Year_Theater_Programs: Studio East's theater_train	ing programs encourage
self-expression, develop self-confidence, and create a saf	e, nurturing environment
for exploring the performing arts. Over 1,600 students par	ticipated_in_classes
throughout_the_year	
Form 990, Part VI, Line 11b - Form 990 Review Process	
Form 990 is provided to all board members several weeks pr	ior to filing for their
review and concurrence. Any questions about the return tha	t the managing director is
unable to answer are referred to the outside accountants.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement	of Conflicts
Any potential conflicts would be directed to the Board of	Directors for review.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for C	CEO, Exec. Dir., or Top Mgtment
The Executive Committee approves the annual salaries of th	e Managing and Artistic
Directors based upon a review of compensation of executive	and artistic directors of
similar local organizations.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for C	Officers & Key Employees
There are no other compensated officers or key employees a	s defined by the IRS, but
if there were, the same policy would be adhered to as note	d above for the Managing
and Artistic Directors.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availa	able
All governing documents, policies, and financial statement	s are made available upon
request.	

2010	Schedul	e A, Part IV Stud For Th	- Suppleme io East Training e Performing Ar	1	mation		ge 5
Part III, Line 12	Other Income						
Nature and So	ource	2010	2009	2008	2007	2006	
Other Service Chard	yes.	1,514. 5,144.	1,620.	2,801.			
Service charg	Total <u>₹</u>	6,658.	1,620.	2,801.	0. \$		0.

-

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

Department of the Treasur

► File a separate application for each return.

	· · · · · · · · · · · · · · · · · · ·						
-	e filing for an Automatic 3-Month Extension, con	-				► X	
•	e filing for an Additional (Not Automatic) 3-Mont				•		
•	olete Part II unless you have already been grante		•				
corporation re request an ex Associated W	ling (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xitension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruction	ctroni forma	cally file Form tion Return fo	n 8868 to r Transfers	
Part I A	utomatic 3-Month Extension of Time. C	nly subm	nit original (no copies needed).				
A corporation	required to file Form 990-T and requesting an a	utomatic 6	-month extension - check this box and o	ompl	ete Part I only	, ▶	
All other corp income tax r	, porations (including 1120-C filers), partnerships, eturns.	REMICS, a	nd trusts must use Form 7004 to request	an e.	xtension of tin	ne to file	
	Name of exempt organization			Emplo	yer identification	number	
Type or print	Studio East Training For The Performing Arts			94-	3213270		
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions					
filing your return See 11730 118th Ave NE #100							
instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions							
	Kirkland, WA 98034						
Enter the Re	turn code for the return that this application is fo	r (file a sep	parate application for each return)			01	
Application Return Code S For							
Form 990 01 Form 990-T (corporation)						07	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ 03 Form 4720						09	
Form 990-PF 04 Form 5227						10	
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T ((trust other than above)	06	Form 8870			12	
Telephone If the org If this is the check this	s are in the care of Nikki Parish e No. (425) 820–1800 anization does not have an office or place of bus for a Group Return, enter the organization's four s box [] . If it is for part of the group, check asion is for.	digit Group	e United States, check this box Exemption Number (GEN) If				
until _ The ext ► X 2 If the ta	st an automatic 3-month (6 months for a corpora $4/15$, 20 12 _, to file the exempt org tension is for the organization's return for: calendar year 20 or tax year beginning $9/01$, 20 10 _ ax year entered in line 1 is for less than 12 monthing in accounting period	anization re	eturn for the organization named above. $\frac{8}{31} = \frac{8}{31} = \frac{20}{11} = \frac{11}{31} = \frac$	al retu	urn		
3a If this a	application is for Form 990-BL, 990-PF, 990-T, 47 and able credits. See instructions	'20, or 6069), enter the tentative tax, less any	3a		0.	
b If this a	application is for Form 990-PF, 990-T, 4720, or 60 ints made. Include any prior year overpayment all			3 <i>a</i>		0.	
c Balance	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System) See	payment v	vith this form, if required, by using	36	\$	0.	
Caution. If yo	ou are going to make an electronic fund withdray	val with this	Form 8868, see Form 8453-EO and For	m 887	79-EO for		

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