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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012

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) Room/suite
P.O. BOX 7041
 City or town, state or country, and ZIP + 4
JACKSON, IN 38302-7041

D Employer identification number
58-1324181

E Telephone number
731 427-3200

F Group Exemption Number
 Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.JGONLINE.COM

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

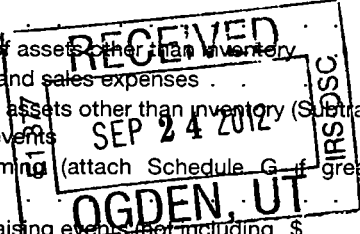
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ 84,778

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 <input type="checkbox"/>			
Expenses	1	Contributions, gifts, grants, and similar amounts received	15,420
	2	Program service revenue including government fees and contracts	57,974
	3	Membership dues and assessments	955
	4	Investment income	942
	5a	Gross amount from sale of assets other than inventory	-
	5b	Less: cost or other basis and sales expenses	-
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	1237
	6c	Less: direct expenses from gaming and fundraising events	1070
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	167
	7a	Gross sales of inventory, less returns and allowances	-
	7b	Less: cost of goods sold	-
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
	8	Other revenue (describe in Schedule O) <u>AD. REVENUE</u>	8,250
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	83,708
	10	Grants and similar amounts paid (list in Schedule O)	0
11	Benefits paid to or for members	0	
12	Salaries, other compensation, and employee benefits	0	
13	Professional fees and other payments to independent contractors	19,944	
14	Occupancy, rent, utilities, and maintenance	20,510	
15	Printing, publications, postage, and shipping	8,320	
16	Other expenses (describe in Schedule O) <u>INSUR/MISC/OFFICE/OTHER PRODUCTION COSTS</u>	25,364	
17	Total expenses. Add lines 10 through 16	74,138	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	9,570
	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)	201,861
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	211,431

SCANNED OCT 10 2012 Revenue



P11

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	199,197	208,127
23 Land and buildings	0	0
24 Other assets (describe in Schedule O) <i>electronic keyboard</i>	2,704	2,704
25 Total assets	201,861	211,431
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)	201,861	211,431

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 (W/AVERAGE OF 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	51,871
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	51,871

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>BILL WOODRYS PO. 7041 JACKSON TN 38302</i>	<i>PRESIDENT 1 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>MARTIN MEYER " " " "</i>	<i>V-PRES. 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>MAT D. WOODRYS " " " "</i>	<i>TREASURER 1 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>SUSAN KRUSKI " " " "</i>	<i>SECRETARY 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>CYNTHIA MANUEL-MANN " " " "</i>	<i>BOARD PRES. 1/2 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JEFF HOWELL " " " "</i>	<i>BOARD MEMBER 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>SARAH ESTES " " " "</i>	<i>" 1/4 HR</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BRENDA FOXEY " " " "</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>
<i>JERRY CORLEY " " " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JESSIE BOYD " " " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>LYNN MENENDEZ " " " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BRENDA WHALEY " " " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>DANE ABBOTT " " " "</i>	<i>" "</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

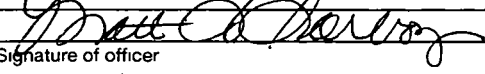
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 	Date
	Type or print name and title MATT D. WORBOYS, TREASURER	9/17/2012

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test—2011; b 33 1/3% support test—2010; 17a 10%-facts-and-circumstances test—2011; b 10%-facts-and-circumstances test—2010; 18 Private foundation.

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,842	23,630	25,673	28,130	15,420	117,695
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	59,689	52,079	59,546	59,286	58,929	289,529
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	84,531	75,709	85,219	87,416	74,349	407,224
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	84,531	75,709	85,219	87,416	74,349	407,224
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	84,531	75,709	85,219	87,416	74,349	407,224
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,964	299	8,116	4,132	942	16,453
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	-	-	-	-	-
c Add lines 10a and 10b	2,964	299	8,116	4,132	942	16,453
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.)	87,495	76,008	93,335	91,548	75,291	423,677
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	96.12 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	96.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	3.88 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.9 %

19a 33 1/3% support tests—2011. 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—2010. 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

FUNDRAISING SPECIAL EVENTS	(A)	(B)	(C)	(ALL OTHER)	TOTAL
Concessions	910	Jazz-Chili Sales 327	—	—	1237
Gross Receipts	910	327			1237
Less: Contributions	—	—			—
Gross Revenue	910	327			1237
Less: Direct Expenses	<630>	<432>			1070
Net Income (Loss)	272	<105>			167