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Form 990

Department of the Treasury Internal Revenue Service

Change of Accounting Period

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

A	For th	e 2014 caler	ndar yea	ar, or tax y	year beginı	ning Jan	. 1		2014, a	nd ending	Sep	30		. 2014		
В	Check if	applicable	C Na	ne of organiza	ation Plan	no Chil	dren's	Theat	re, I	nc.		D Employ	er ident	ification nu	mber	
	∏ Ad	dress change	Doi	ing business a	is							75-	2387	300		
	Na	me change	Nu	mber and stre	et (or PO box	if mail is not de	livered to street	address)		Room/suit	0	E Telepho	ne num	per		
	Hini	tal return	1301	Custe	er Road					706		(97	21 A	22-25	75	
	H	al return/terminated				ountry, and ZIF	or foreign post	tal code		1700		 ```	<u> </u>	<u> </u>		
	H	nended return	Plar						TX '	75071		G Gross n	naciata	\$ 776	961	
	н	plication pending			ss of principal o	officer			17	75074	a) is this	a group return	<u>-</u>		,861 Yes	X No
	⊔~	plication periong	′ I				D] a.s.	_	m						Yes	No
_	Tau						ow Planc			75093 '''	If 'No,	subordinates attach a list. (see instr	uctions)		٠٠
<u> </u>		exempt status		1(c)(3)	501(c) () - ((insert no)	1 494/(a)(1) or	527			_			
<u>J</u>			/A				T T		T			exemption nu		<u> </u>		
<u>K</u> _		of organization		rporation	Trust	Association	Other -		L Yea	er of formation	199	1 M s	State of h	egal domicil	P. TX	
Pa		Summa														
	1	Briefly descr		-		-	-			provide o					<u>leater</u>	<u>arts</u>
မွ		experie														
Activities & Governance		lifelon											zen	ship		
ē	_	skills.											. .			
흲		Check this b												1		
~		Number of volumber of in											4			14
e e		Total numbe											5			<u>14</u> 25
흥		Total numbe				•	•		•				6			2,350
귷		Total unrelat		•									7a			0.
		Net unrelate											7b			0.
\neg						···	<u></u>					rior Year		Cur	rent Ye	
	8	Contributions	s and gr	ants (Part	VIII, line 1h)						415,8				294.
Revenue		Program ser										525,2				044.
Ne!	10	Investment i	income (Part VIII, o	column (A),	lines 3, 4, a	and 7d)						67.			131.
æ	11	Other revenu	ue (Part	VIII, colun	nn (A), lines	5, 6d, 8c, 9	9c, 10c, and	l 11e)				16,4				094.
	12	Total revenu	obs — et	lines 8 th	rough 11 (n	nust equal l	Part VIII, col	umn (A),	line 12)		_	958,6				563.
	13	Grants and	similar a	mounts pa	id (Part IX,	colunn (A)	lines 1-3)		· · · ·							
	14	Benefits paid	d to or fo	or member	s (Par X)	oftenh (A)	line 4)				······································				,	
		Salaries, oth						n (A), line	es 5-10)			585,2	204.		399.	676.
863		Professional	-	u	41 -		11 400 11		-						,	
Expenses		Total fundra	ioina ov	5 Consess (5)	APR	2 4 ZU	15 6			1						
ă									·	0.						
	-1/	Other-expen	ises (Pa	rt-IX, colur	nn (A), lines	Tienia.	117 -24e)	·, -,,,,,,,,,		,,,		386,4				-936 .
											l	971,6			794,	612.
	19	Revenue les	ss expen	ises. Subtr	ract line 18	from line 12	<u> </u>	• • • • •	• • • •	• • • • •		-12,9	<u> 968.</u>			049.
9 9											Beginni	ng of Curre		En	d of Ye	
ă a	,	Total assets	•	•				• • • • •				175,8				218.
Net As Fund B	21	Total liabilitie	es (Part	X, line 26)		• • • • •		• • • • •				94,7	734.		99,	177.
žž	22	Net assets of	or fund b	alances. S	Subtract line	21 from lin	ө 20				<u></u>	81,0	94.		47,	041.
Pa	rt II	Signatu	ure Blo	ock												
Unde	r penali	ties of perjury, I description	lectare that	I have exami	ned this return,	including accor	menying sched	lutes and sta	atements, a	nd to the best o	of my know	viedge and be	lief, it is	true, correct	, and	
comp	JIELE DE	sciaration of prepa	arer (ouler	ulan oncern	Salaseu on all	niorite doll of w		as any know	neuge							
		.				the La					0	4/05/1	.5			
Sig		Signa	ture of offic	xer							D	ate				
He	re			Roden	baugh						Presi	dent o	f Bo	ard of	Dire	ctors
				me and title												
		Print/Type	preparer's	name		Preparer's si	gnature			Date		Check		PTIN		
Pa	id	Edwar	rd S.	Swalm	, CPA	Edward	S. Swa	lm, C	PA	04/05/1	.5	self-employ	ed	P0075	<u>477</u> 9	
	- эраго	er Firm's nan	me ►	SWALM	& ASSO	CIATES	P.C.									
	e On		dress >		I. Cent			720				Fırm's EIN	<u>►</u> 75	-2454	220	
				Richar				TX	75080			Phone no	(97		5-880	0
Ma	the I	RS discuss the	his retur			own above	? (see instru								es	No
		Paperwork									0101 05/2	28/14				(2014)

(N 22

Foin 990 (2014) Plano Chil	dren's Theatr	e, inc.			300	Page 2
Part III Statement of Prog		-				_
 		ote to any line in this Part I	<u> </u>			<u> L</u>
Briefly describe the organizatio						
To provide drama i experience to DFW	nstruction and	<u>theater arts</u>				
		<u>provide_arts_opp</u>	ortunities w	hich promote		
See Form 990, Page 2, Part III	, Line 1 (continued)			. 		
2 Did the empiration undertake	any significant areass.	n consecutiving the year	which were not lists	d on the noise		
2 Did the organization undertake Form 990 or 990-EZ?					l voo [☑	l N-
If 'Yes,' describe these new ser					Yes X	No
		inant abangan in baw it an			7 v 🗔	l N-
3 Did the organization cease con If 'Yes,' describe these change:		icant changes in now it col	noucis, any program	services	Yes X	No
Describe the organization's pro Section 501(c)(3) and 501(c)(4)	oram service accompli	shments for each of its through	ee largest program s of grants and alloca	ervices, as measured by	/ expenses. expenses.	
and revenue, if any, for each p	rogram service reported	d.	· ·	,		
4a (Code:) (Expense	s \$ 652,2:	35. including grants of	\$	0.)(Revenue \$	760,5	563.)
To provide drama i						,
experience to DFW				hich promote		
lifelong learning,	teamwork, cre	eativity, commun	ication & go	od citizenship		
skills. To provide	other DFW nor	p-profits a space	e to utilize	00 010120101110		
				· 		
				·		
4 b (Code:) (Expense	es \$	including grapts of	<u> </u>) (Revenue \$		
						
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	. – – – – – – – –					
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1 - (0 - 1 -) / (5	- 4		*	\	•	
4 c (Code:) (Expense	»s >	including grants of	\$) (Revenue \$)
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	. 		- 			
				. 		
						- -
4 d Other program services. (Desc	="					
(Expenses \$	including (· · · · · · · · · · · · · · · · · · ·) (Rev	enue \$)	
4 e Total program service expense	es Þ	652,235.		· · · · · · · · · · · · · · · · · · ·		. (05.1.2)
BAA		TEEA0102 05/28/14			Form 99	v (2014)

			Yes	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	x	
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 I	3		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, VIII, IX, or X as applicable.			
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	
t	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 ь	:	х
(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
•	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
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
ı	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 and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If 'Yes,' complete Schedule H	20		Х
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	<u> </u>

Form 990 (2014) Plano Children's Theatre, Inc.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	·	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes', complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	,
а	A current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
-33-	-Did the organization own-100% of an entity-disregarded as separate from the organization under-Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŧ	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Earn	000 /	20441

(, 124110 0112233		
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V	 	

	T	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		Х
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	 -	x
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
•	-		\vdash
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			۱.,
services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
· · · · · · · · · · · · · · · · · · ·			X
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 	7 e		^x
	 ' ' 		 ^
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
Form 1098-C?	7 h		<u> </u>
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		<u> </u>
9 Sponsoring organizations maintaining donor advised funds.			
a-Did the sponsoring organization make any taxable distributions under section 4966?	_9 a		<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
0 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12]		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		ł
1 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders]		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 O.	1.54		┼──
·			
b 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	1		
c Enter the amount of reserves on hand	1		J
c Enter the amount of reserves on hand	ارزوا		
c Enter the amount of reserves on hand	14a		X

Pai	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b	olow		- age 0							
1 41	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan-	ges in	ariu ioi	1							
	Schedule O. See instructions.	-									
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · ·		. X							
Sec	tion A. Governing Body and Management		T								
1:	Enter the number of voting members of the governing body at the end of the tax year	- A [Yes	No							
• • •	If there are material differences in voting rights among members	14	İ								
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		-								
	Enter the number of voting members included in line 1a, above, who are independent 1b	14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1								
	officer, director, trustee, or key employee?	2	:	X							
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents			\vdash							
	since the prior Form 990 was filed?	4		x							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	🛅		Х							
7 :	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more										
	members of the governing body?	· · 7	а	X							
ı	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_	.	١							
_	stockholders, or persons other than the governing body?	· · 7	ь	<u> </u>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	The governing body?		a X								
_	Each committee with authority to act on behalf of the governing body?	٠٠ <u> ٤</u>	b X	 							
9	Is there any officer, director, 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		.	x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codo								
	Let 2.1 Choice (77110 Cookies) Direqueste information about policies not required by the internal 14	venue	Yes								
10:	Did the organization have local chapters, branches, or affiliates?	10		$\frac{1}{x}$							
ı	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	Ь								
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			 							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7								
12	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a X	1							
١	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	b X								
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12	c x								
13-	-Did the organization have a written whistleblower policy?		_	†-							
14	Did 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?										
	The organization's CEO, Executive Director, or top management official	15	a X	1							
	Other officers or key employees of the organization			_							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		1								
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16	a	x							
ı	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?										
Sec	tion C. Disclosure	- 1,									
17	List the states with which a copy of this Form 990 is required to be filed ► Texas										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of for public inspection. Indicate how you made these available. Check all that apply.										
	Own website)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements a the public during the tax year.	vailable to									
20											
	State the name, address, and telephone number of the person who possesses the organization's books and records:	>									
_		► (972)	422-	2575							

•						
Form 990 (2014)	Dlana Obilduaria Mhash	T-			TT 030T3	00 D 1
	Plano Children's Theat			Nas Himboot C	75-23873	
Inde	npensation of Officers, Director ependent Contractors	ns, iru	stees, key Employe	es, rignest C	ompensated Er	npioyees, and
	k if Schedule O contains a response or	note to an	v line in this Part VII			
	fficers, Directors, Trustees, Ko		<u> </u>			
1 a Complete this organization's tax	table for all persons required to be listed year.	l. Report o	compensation for the cale	ndar year ending w	rith or within the	
	e organization's current officers, directo ter -0- in columns (D), (E), and (F) if no			organizations), reg	argless of amount of	
	organization's current key employees	-		n of 'key employee	s. *	
who received repo	inization's five current highest compens ortable compensation (Box 5 of Form Wany related organizations.					
 List all of the 	e organization's former officers, key em pensation from the organization and any			employees who re	ceived more than \$1	00,000
	e organization's former directors or tru e than \$10,000 of reportable compensat					
	following order: individual trustees or dormer such persons.	rectors; ir	nstitutional trustees; office	rs; key employees;	highest compensate	ed
Check this box	x if neither the organization nor any rela	ted organi	ization compensated any	current officer, dire	ctor, or trustee.	
			(C)			
۸	(A) Harme and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee) Office in Tolivious or directory on the contract of the co	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related

Name and Title		than	s both	ector	fficer truste			Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other
		Individual trustee or director	employee Key employee Officer Institutional trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Sara Akers Executive Director	40.00					х		67,676.	0.	0.
(2) Darrell Rodenbaugh President	4.00	х	х					0.	0.	0.
(3) Andrew Glickler Treasurer	3.00	х						0.	0.	0.
(4) Elly Marsh 1st VP	3.00	х						0.	0.	0.
(5) Paige Schlegal 2nd VP	3.00	x						0.	0.	0.
	3.00	х						0.	0.	0.
_(7) Ben_Sheahan Director	2.00	- x-			_	_		0.		0.
(8) Corrie Edmondson Director	2.00	х						0.	0.	0.
(9) Jamie Covin Director	2.00	x						0.	0.	0.
(10) Bob Morgan Director	2.00	x						0.	0.	0.
(11) Kevin Goldsmith Director	2.00	х						0.	0.	0.
(12) Lorraine Spencer Director	2.00	х						0.	0.	0.
(13) Vince Allen Director	2.00	х						0.	0.	0.
(14) Steve Flad	_2.00	1		l						

BAA

Director

That will focusion A. Officers, Directors, 11us	(B)			(C	c) ition			(D)	(E)	ioyees	(F)
(A) Name and title	Average hours per week	offi	unle	ss pe nd a d	rson i Irrecti	than one both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	amou	rmated nt of other ensation
	(list any hours for related	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	m the nization related nizations
	- tions below dotted	trustee	al truste		oyee	ompens					
	line)		ä			ğ					
(15) Randy Archambult Director	2.00	x						0.	0.		0.
(16)											
(17)											
<u>(18)</u>		<u> </u>									
<u>(19)</u>											
(20)											
(21)		<u> </u>									
(22)											
(23)			-								
(24)		-			 						
(25)							<u> </u>				
1 b Sub-total							-	67,676.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	67,676.	0.		0.
2 Total number of individuals (including but not limited from the organization ►							eive			mpensat	
The state of the s						<u> </u>					Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, ke	y em	iploy	/ee, 	or hi	ghe: 	st compensated en	nployee	. 3	X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the	an \$150,	,000?	ensa ? If "\	tion /es'	and com	othe	r co Sci	mpensation from hedule J for			
such individual	mpensat	tion fi								4	X
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors										. 5	X
Complete this table for your five highest compensate compensation from the organization. Report compensation.	sation fo	r the	cale	enda	r ye	ar en	ding	with or within the	organization's tax ye	ear.	
(A) Name and business address (B) Description of services Compensation								C) nsation			
2 Total number of independent contractors (including to	out not lir	nited	to t	hose	e list	ed at	OOVE) who received mo	ore than		
\$100,000 of compensation from the organization	<u> </u>	TEFA	0109	05.0	20/14					Form	990 (2014)

Part	Part VIII Statement of Revenue									
	Check if Schedule O contains a response or note	to any line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e 41 f All other contributions, gifts, grants, and similar amounts not included above . 1 f 153 g Noncash contributions included in lines 1a-1f \$ 57	,463. ,601. ,230.								
Revenue an	Nation Nation Provided HTML Nation Nat	200,2J±.	173,983. 357,061.	0.	0.					
Program Service Revenue	d e f All other program service revenue	337,001.	33/,001.	<u> </u>	0.					
Prog	g Total. Add lines 2a-2f	▶ 531,044.								
	Investment income (including dividends, interest and other similar amounts)	1,131. ds	1,131.	0.	0.					
	6 a Gross rents	•								
	assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	•		* *************************************						
Other Revenue	b Less. direct expenses b 16	,392. ,298.		-						
δ ,	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b	20,094.		0.	20,094.					
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b	>								
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business 11 a									
	d All other revenue									
	12 Total revenue. See instructions	760,563.	532,175.	0.	20,094.					

TEEA0109 11/13/14

Par					
Sect	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All ot	her organizations must o	complete column (A).	
	Check if Schedule O contains a res	sponse or note to any line	ın this Part IX		
	ot 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	359,535.	242,865.	116,670.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	40,141.	27,115.	13,026.	0.
11	Fees for services (non-employees)		7.4.7.7.	23,020.	<u></u>
a	Management				
-	Legal		•		····
	Accounting				
	Lobbying	· - 			
	Professional fundraising services See Part IV, line 17				
	•		····		
	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	18,319.	18,319.	0.	0.
13	Office expenses	75,216.	62,535.	12,681.	0.
14	Information technology				
15	Royalties	46,401.	46,401.	0.	0.
16	Occupancy	110,106.	110,106.	0.	0.
17	Travel	1,293.	1,293.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	762.	762.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,542.	8,542.	0.	0.
23	Insurance	12,588.	12,588.	0.1	0.
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	12,300.	#2,500.	V.	
á	Supplies	27.967.	27.967.	0.	0.
	Utilities		25,550	0.	
-	Donated Commissa	57.575	•		
	Donated Services		57.575.	0.	0.
	Repairs & Maint.	10,617.	10,617.	0.	0.
	All other expenses				
	Total functional expenses. Add lines 1 through 24e.	794,612.	652,235.	142,377.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)	i l		1	

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	43,371.	1	43,584.
	2	Savings and temporary cash investments		2	
Ì	3	Pledges and grants receivable, net	84,682.	3	14,625.
	4	Accounts receivable, net		4	24,968.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ø	7	Notes and loans receivable, net		7	······································
Assets	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges	18,086.	9	23,037.
	-	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10,000.		23,037.
	b	Less: accumulated depreciation	28,268.	10 c	40,004.
-	11	Investments – publicly traded securities	20/200.	11	10/001.
	12	Investments - other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12	
1	13	Investments – program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,421.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	175,828.	16	146,218.
	17	Accounts payable and accrued expenses	28,150.	17	34,432.
	18	Grants payable	20,120.	18	34,432.
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	22,161.
	20	Tax-exempt bond liabilities		20	22,1011
တ္	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	······································
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	41,584.	22	37,584.
	23	Secured mortgages and notes payable to unrelated third parties	25,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties	25,000.	24	5,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	94,734.	26	99,177.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	- · · ·	1	
	27	Unrestricted net assets	-43,418.	27	47,041.
3al	28	Temporarily restricted net assets	124,512.	28	0.
J P	29	Permanently restricted net assets		29	
or Fund Balan		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
श	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
e e	33	Total net assets or fund balances	81,094.	33	47,041.
Z	34	Total liabilities and net assets/fund balances	175,828.	34	146,218.
ВА	A		= 7 / 2 - 0 -		Form 990 (2014)

i Vijii	75-23 (2014) Plano Children's Theatre, Inc. 75-23	87300		Pa	ge 12
Pai	t XI_ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· • •		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	76	0,5	63.
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_		0	4	7,0	<u>45.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	{			
	If the organization changed its method of accounting from a pnor year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	ſ			
ı	Were the organization's financial statements audited by an independent accountant?	[2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis].			L
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	[3 a		х
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ь		
BAA			Form	990 (2	2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	ne organization			-		Employer identifica	tion number
	Children's Theatre					75-2387300	
Part I	Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art.) See instruction	S.
The orga	anization is not a private foundati	·		-			
_ 1	A church, convention of church			ction 170	0(b)(1)(<i>i</i>	A)(I).	
2 X	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)				
3	A hospital or a cooperative hos	spital service organizat	tion described in sectio r	170(b)(1	I)(A)(iii)	.	
4	A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in s	ection '	170(b)(1)(A)(III). Enter th	e hospital's
_	name, city, and state:						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P	art II)					in section
6	A federal, state, or local govern						
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		govemm	ental ur	nit or from the general pu	blic described
8 _	A community trust described in						
9 [An organization that normally in from activities related to its exemples and unrelation of the section of the s	empt functions — subje ted business taxable ir 09(a)(2) . (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) r tax) from	no more busine:	than 33-1/3% of its supp sses acquired by the org	ort from aross
10	An organization organized and		•			1: /\ /·	
11 _	An organization organized and or more publicly supported orguines 11a through 11d that des	ianizations described ir	n section 509(a)(1) or s	ection 50	19(a)(2)	See section 509(a)(3)	rposes of one Check the box in
a L	organization(s) the power to re complete Part IV, Sections A	tion operated, supervis	ed, or controlled by its s	upported	omaniz	ation(s) typically by givir	ng the supported non. You must
b [Type II. A supporting organiza management of the supporting must complete Part IV, Section	ı organızation vested ır	trolled in connection with the same persons that	ts suppontion	orted or r manag	ganization(s), by having te the supported organiza	control or ation(s). You
c [Type III functionally integrat organization(s) (see instruction	ed. A supporting orgar rs). You must comple	nization operated in conr ete Part IV, Sections A,	nection wi D, and E	th, and	functionally integrated wi	ith, its supported
d [Type III non-functionally integrated The organistructions). You must comp	panization generally me	ust satisfy a distribution	connection requirement	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see
e	Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the II	RS that is	а Туре	I, Type II, Type III functi	onally
	nter the number of supported or	•					
g P	rovide the following information	about the supported or	ganızation(s).				
	(i) Name of supported organization	(II) EIN	(iil) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(lv) is organizatio in your go docum	on listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
=							
<u>(A)</u>				ļ			
<u>(B)</u>							
(C)				 			
<u>(D)</u>							
<u>(E)</u>							
Total							
BAA Fo	or Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	n 990 or 990-EZ) 2014

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					<u> </u>	
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11	Total support. Add lines 7 through 10						
12_	_Gross receipts_from_related_activiti	ies,_etc_(see_instru	<u>ctions)</u>	<u> </u>	<u> </u>	12	?
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 201						
15	Public support percentage from 20	013 Schedule A, P	art II, line 14			19	5 %
16 a	a 33-1/3% support test — 2014. If and stop here. The organization of						
t	33-1/3% support test — 2013. If t and stop here. The organization	the organization di qualifies as a publ	d not check a box icly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, che	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the facts-a	eets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Exp	lain in Part VI h	ow
t	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and	i-circumstances' te	st, check this box	and stop here . Exp	olain in Part VI h	ow the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruc	ctions ▶ 🔲
							

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees	-					\neg	
	received. (Do not include					ł		
	any 'unusùal grants.')						J	
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is					1		
	related to the organization's							
3	tax-exempt purpose							· · · · · · · · · · · · · · · · · · ·
3	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	!				j	l	
	its behalf							
5	The value of services or				·			············
	facilities furnished by a governmental unit to the						l	
	organization without charge					1		
6	Total. Add lines 1 through 5						\neg	
	Amounts included on lines 1,						-	
	2, and 3 received from	1					ı	
	disqualified persons		·					
	Amounts included on lines 2 and 3 received from other than						1	
	disqualified persons that							
	exceed the greater of \$5,000 or							
	1% of the amount on line 13 for the year						- 1	
,	Add lines 7a and 7b				<u> </u>		$\overline{}$	
۰	Public support (Subtract line				 	 		
u	7c from line 6.)							
Sec	tion B. Total Support	·······		· · · · · · · · · · · · · · · · · · ·				
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6	\(\frac{1}{2}\)	(-/	(0) = 0.12	(4) 25 15	(0, 20.		(1) 1041
	Gross income from interest, dividends,					 		
	payments received on securities loans,						ļ	
	rents, royalties and income from						1	
	Similar sources				 			
	income (less section 511			}		1	1	
	taxes) from businesses						I	
	acquired after June 30, 1975		<u> </u>			 		·
	Add lines 10a and 10b	·		<u> </u>	 			
11	Net income from unrelated business activities not included in line 10b.					•	- 1	
	whether or not the business is	ł	1					
	regularly carned on			<u> </u>				
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in							
	Part VI)							
13	Total support. (Add lines 9,							
14	10c, 11 and 12.) First five years. If the Form 990 i	ic for the organizati	an'a first second t	hird fourth or 694	h tay yaar aa a aa	tion 501/o)(2		<u> </u>
	organization, check this box and s	stop here	· · · · · · · · · ·				'	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage					
	Public support percentage for 201			3, column (f))			15	}
16	Public support percentage from 20	•	•				16	96
	tion D. Computation of Inv							
<u>3ec</u>	Investment income percentage for				A)		17	•
	•	•	,,	•	••		-	
18	Investment income percentage fro						18	<u> </u>
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check t	i the organization d	ild not check the bo	ox on line 14, and	une 15 is more that	n 33-1/3%, a	and line	· 1/
	is not more than 33-1/3%, check to 33-1/3% support tests — 2013. If							
	line 18 is not more than 33-1/3%,							
20	Private foundation. If the organiz			-				
BAA		 	TEEA0403					30_or_990-EZ) 2014

Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

360	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	'	1	l
-	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	 		l
	the designation. If historic and continuing relationship, explain	1		!
			1	<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section	1	1	İ
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			<u> </u>
	described in section 509(a)(1) or (2)	2		[
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)		ŀ	
	and (c) below	3a		
I	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization	<u> </u>		
	made the determination	3b		<u> </u>
		1		ļ
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		l
	purposes? If res, explain in Fart vi what controls the organization put in place to ensure such use	30		ļ
		1		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	<u> </u>		
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	<u> </u>	
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	1	1	
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		<u> </u>
		1	1	ļ
	c Did the organization support any foreign supported organization that does not have an IRS determination under	1	1	i
	sections 501(c)(3) and 509(a)(1) or (2)? If Yes, explain in Part VI what controls the organization used to ensure that		l	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		↓
_		ł	ł	l
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)	1	i	
	and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	1	i i	1
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		<u> </u>	<u> </u>
	amendment to the organizing document)	5a		ļ
		-	 	
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			l
	organization's organizing document?	5ь	1	l
		·	 	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	•	
			ŧ	—
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ł
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one		-	-
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of		 -	
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		<u> </u>
_			1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		ł	
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990)	7		f
	regard to a substantial contributor (ii 198, complete Part For Schedule L (Porti 990)	<u></u>	L	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	1		l
0	complete Part I of Schedule L (Form 990)	8		
	complete Fait For Scriedule E (Form 330)		 	₩
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	1	l	ł
·	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	L		L
	If 'Yes,' provide detail in Part VI	9a	1	
		-	 	
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the		 	
	supporting organization had an interest? If 'Yes,' provide détail in Part VI	9b	<u> </u>	<u> </u>
		1	ł	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,		 	
	assets in which the supporting organization also had an interest? If Yes,' provide detail in Part VI	9c		↓
40	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding	l		1
10	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			L
	answer (b) below	10a	1	1
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		 	
	whether the organization had excess business holdings.)	10b		1

Sche	dule /	(Form 990 or 990-EZ) 2014	Plano Children's Theatre, Inc. 75-2387300)	F	age 5
Par	t IV	Supporting Organizat	ions (continued)			
44	Hook	the emergration assented a siff	ton contribution from any of the following area and		Yes	No
			or contribution from any of the following persons? Ontrols, either alone or together with persons described in (b) and (c) below, the			
•	gove	ming body of a supported orga	nization?	11a		
ŧ	A fan	nily member of a person descri	bed in (a) above?	11b		
			described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting O				Щ.
		Di Typo i Gapporting G	gameatono		Yes	No
1	or ele Part If the direc	ect at least a majority of the org VI how the supported organiza organization had more than or tors or trustees were allocated	ership of one or more supported organizations have the power to regularly appoint anization's directors or trustees at all times during the tax year? If 'No,' describe in tion(s) effectively operated, supervised, or controlled the organization's activities. The supported organization, describe how the powers to appoint and/or remove among the supported organizations and what conditions or restrictions, if any, ax year	1		
2	that o	operated, supervised, or contro offit carried out the purposes of t	benefit of any supported organization other than the supported organization(s) lled the supporting organization? If 'Yes,' explain in Part VI how providing such he supported organization(s) that operated, supervised, or controlled the	2		
Sec	tion	C. Type II Supporting C	rganizations			
					Yes	No
1	of ea	ich of the organization's suppor	s directors or trustees during the tax year also a majority of the directors or trustees ted organization(s)? If 'No,' describe in Part VI how control or management of the in the same persons that controlled or managed the supported organization(s)	1		;
Sec	tion	D. All Type III Supporting	ng Organizations			
					Yes	No
1	orga year	nization's tax year, (1) a writter , (2) a copy of the Form 990 tha	n of its supported organizations, by the last day of the fifth month of the notice describing the type and amount of support provided during the prior tax at was most recently filed as of the date of notification, and (3) copies of the sin effect on the date of notification, to the extent not previously provided?	1		
2	orga	nızatıon(s) or (ii) serving on the	ers, directors, or trustees either (i) appointed or elected by the supported governing body of a supported organization? If 'No,' explain in Part VI how and continuous working relationship with the supported organization(s)	2		
3	voice all tir	e in the organization's investments during the tax year? If 'Yes	bed in (2), did the organization's supported organizations have a significant int policies and in directing the use of the organization's income or assets at ,' describe in Part VI the role the organization's supported organizations played	3		
Sec			-Integrated Supporting Organizations			<u>-</u>
1	Che	ck the box next to the method t	hat the organization used to satisfy the Integral Part Test during the year (see Instructions):			
1	• 🖺 ·	The organization is the parent of	ctivities Test. Complete Ilne 2 below of each of its supported organizations. Complete Ilne 3 below overnmental entity Describe in Part VI how you supported a government entity (see instruction	ons)		
2	Activ	rities Test. Answer (a) and (b)	below.		Yes	No
•	supp orga	orted organization(s) to which Inizations and explain how th	non's activities dunng the tax year directly further the exempt purposes of the the organization was responsive? If 'Yes,' then in Part VI identify those supported as activities directly furthered their exempt purposes, how the organization was inizations, and how the organization determined that these activities constituted			
				2a		<u> </u>
ı	the o	organization's supported organi organization's position that its s	institute activities that, but for the organization's involvement, one or more of zation(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for upported organization(s) would have engaged in these activities but for the			
	orga	nization's involvement		2b		
3	Pare	ent of Supported Organizations	Answer (a) and (b) below.			
;			r to regularly appoint or elect a majority of the officers, directors, or trustees of s? Provide details in Part VI	3a		
. 1	b Did 1 supp	the organization exercise a sub corted organizations? If Yes, 'd	stantial degree of direction over the policies, programs, and activities of each of its escribe in Part VI the role played by the organization in this regard	3b		
BAA	1		TEEA0405 07/18/14 Schedule A (Form 990	or 990)_EZ) :	2014_

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	edule A (Form 990 or 990-EZ) 2014 Plano Children's Theatre, Inc.			387300	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	oveml	ber 20, 1970. See instr through E	uctions. Ali	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
	Other expenses (see instructions)	7		<u> </u>	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				-
a	Average monthly value of securities	1 a			
t	Average monthly cash balances	1 b			
	Fair market value of other non-exempt-use assets	1 c			
	I Total (add lines 1a, 1b, and 1c).	1 d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):		•		
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Сипеп	t Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2		1	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1	
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·		•
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

BAA

Schedule	Δ	(Form	990	or 990.	-F7\	2014

Page 7

	t v Trype iii Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continuea)	
Sect	ion D — Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support			
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			- · · · · · · · · · · · · · · · · · · ·
	Total annual distributions. Add lines 1 through 6			··· ··· ··· ··· ··· ··· ··· ··· ··· ··
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	,			
b	()			
			 	
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
$\overline{}$	Carryover from 2009 not applied (see instructions)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,		 	
•	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				†
		1		
	Excess from 2013			1
	Excess from 2014	 	 	
	Endood Holli Edit Titter Titter	<u> </u>	I	<u> </u>

Supplemental Information. 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).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2014

TEFA3301 10/28/14

Plano Children's Theatre, Inc. 75-2387300 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (dunng year) . . . Aggregate value of grants from (dunng year) Aggregate value at end of year No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **▶** \$

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

Schedule D (Form 990) 2014 Plane	Childre	n's Theatre, I	nc.	75-2387	300	Pa	ige 2
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (con	tinued	匸
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other records, check	any of the following that	are a significant use of its	collection		
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e HOther	.				
c Preservation for future genera	tions						
4 Provide a description of the organi Part XIII.		ions and explain how the	ey further the organizatio	n's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be maintai	ned as part of the organ	zation's collection?		Yes		No_
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' to Form	990, Pai	rt IV,	
1 a Is the organization an agent, truste on Form 990, Part X?			contributions or other as		Yes		No.
b If 'Yes,' explain the arrangement in	Part XIII and	complete the following ta	ıble:				
					Amount		
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				[1f]			
2 a Did the organization include an an	nount on Form	990, Part X, line 21, for	escrow or custodial acco	ount liability?	Yes		OF
b If 'Yes,' explain the arrangement in	Part XIII. Che	ck here if the explanatio	n has been provided in F	Part XIII	.	. []	
Part V Endowment Funds.	complete if t	he organization and	wered 'Yes' to Forn	n 990, Part IV, line 10).		
	(a) Current	year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four	r years ba	ck
1 a Beginning of year balance	_						
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					<u>† </u>		
e Other expenditures for facilities			·		 		
and programs							
f Administrative expenses					<u> </u>		
g End of year balance							
2 Provide the estimated percentage	of the current	year end balance (line 1	g, column (a)) held as				
a Board designated or quasi-endow	ment ►	*					
b Permanent endowment ►	*						
c Temporarily restricted endowmen	<u> </u>	용					
The percentages in lines 2a, 2b, a	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in	-tho-nonnonnia	n of the emonization the	t ara-hald-and-administa	rod for tho			
organization by	ule possessio	n oi uie oiganizauon uia	it are rielu ariu auriiriiste	red for the	T	es	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(ii), are the related on					. 3b		
4 Describe in Part XIII the intended	•	•			` '		
Part VI Land, Buildings, and							-
Complete if the organi			990 Part IV line 11	a See Form 990 Pa	rt X line	10	
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		ok value	;
1a Land		(miseannein)		ucpreciation		-	
b Buildings		· · · · · · · · · · · · · · · · · · ·		 -			
c Leasehold improvements				 			
d Equipment		65 050		75 255		40.0	<u> </u>
- · ·				25,255.		40,0	<u>U4.</u>
e Other		 	I (P) Eng 40-1	1		40.5	
Total. Add lines 1a through 1e (Column	ı (a) must equi	ы гинн ээи, гап X, сон	unu (D), IIII IVC.)		ule D (For	40,0 m 990)2	

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-Schedule D (Form 990) 2014-

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
,		
<u>, </u>		· · · · · · · · · · · · · · · · · · ·
<u>/</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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<u>, </u>		· · · · · · · · · · · · · · · · · · ·
<u>,</u>		
<u>)</u>		
)		
tal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		<u> </u>
art VIII Investments — Program Related.	You'to Form 000 I	Bort IV line 11e See Form 000 Bort V line 12
(a) Description of investment type		Part IV, line 11c. See Form 990, Part X, line 13.
	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1)		
2)		
3)		
4)		
(5)		
(6)		
(7)		
(8)		
9)		
(0)		
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)	•	
art IX Other Assets.	<u> </u>	
Complete if the organization answered	Yes' to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(2)		
(2)		
(2) (3) (4)		
(2) (3) (4) (5)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6) (7)		
2) 3) 4) 5) (6) (7) 8)		
2) 3) 4) 5) 6) 7) 8) 9)		
(2) (3) (4) (5) (6) (7) (8) (9)		
(2) (3) (4) (5) (6) (7) (8) (9)	line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability		1e or 11f. See Form 990, Part X, line 25
2) 33 44 55 66 77 88 99 100 tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
2) 3) 4) 5) 6) 7) 8) 9) 0) ital. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes 2)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes 2) 3)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) (tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Ptal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) 10) btal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25

-TEEA3303 -- 08/25/14 --

Schedule D (Form 990) 2014 Plano Children's Theatre, Inc.	75-2387300	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	760,559.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	760,559.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	760,559.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	794,612.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	794,612.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	794,612.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2014

SCHEDULE E (Form 990 or 990-EZ)

Schools

Complete if the organization answered 'Yes' to Form 990, Part IV. line 13, or Form 990-EZ, Part VI, line 48.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Plano Children's Theatre, Inc.

Attach to Form 990 or Form 990-EZ.

Openito Public Inspection:

Employer identification number

75-2387300

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? The Theater's non-discrimination policy is stated on all newspaper and broadcasting media and on its website. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . 4 a Х b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with d Copies of all material used by the organization or on its behalf to solicit contributions? 4 d Х If you answered 'No' to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to a Students' rights or privileges?........... b Admissions policies? . . 5 b c Employment of faculty or administrative staff? 5 c X d Scholarships or other financial assistance? e Educational policies? . . 5е X Х 5 g g Athletic programs? . . . 5h If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? . . . X If you answered 'Yes' to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If

Schedule E (Form 990	or 990-EZ) (2014) Plano Children's Theatre, Inc.	75-2387300	Page 2
Part II Supplem	ental Information. Provide the explanations required by Part I. lines 3	, 4d, 5h, 6b, and 7, as	
applicable	e. Also provide any other additional information (see instructions).		
Line 3	The Theater's non-discrinination policy is stat	ed on all	
Line 3	newspaper and broadcasting media and on it's we	bsite.	
Line 6b	Right of government aid has not been suspended.		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

2014

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(5) (6) (7) (8) (9) (10)

Open to Public Inspection

Plano	Children'	s Theat	re,	Inc.				75	-238	3730	0				
Part I	Excess Be Complete if the	enefit Tra he organizat	nsa ion a	nctions (sectionswered Yes'	tion 50 on Form	01(c)(3 n 990, Pa) and section 501 art IV, line 25a or 25b	(c)(4) organization, or Form 990-EZ, Pa	ons o art V, li	nly). ne 40	b.				
1	(a) Name of disqual	ified person				between di		(c) Description	tion of transaction				(d) Corrected?		
					person ar	nd organizat	uon						Yes	No	
(1)															
(2)															
(3)															
(4)										•					
(5)															
(6)															
	Loans to a	and/or Fr	om tion a	Interested F	nburse Perso on For	ons. m 990-E	organization		· · · ·	► \$	•				
(a) Name	of interested person	(b) Relationsh with organizat		(c) Purpose of loan	` from	an to or n the zation?	(e) Onginal principal amount	(f) Balance due	(g) In c	lefault?	(h) App	ard or	(i) Wn agreen		
					То	From	ĺ		Yes	No	Yes	No	Yes	No	
(1) Sa	ara Akers	Ex. D	ir	Working Capital	Х		39,600.	21,584.		Х	Х		Х		
(2) Sa	ara Akers	Ex. D	ir	Back Pay	Х		28,500.	16,000.	1	Х	Х		Х		
(3)										1					
(4)									1				i i		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					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) 2014

37,584.

Schedule L (Form 990 or 990-EZ) 2014	Plano	Children's	Theatre.	Inc.

75-2387300

Page 2

Park W.	Business	Transactions	Involving	Intereste	d Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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) Sha organiz reven	nng of ation's ues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		100,000,000			<u> </u>
(9)		·			
(10)					

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30,

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization Employer identification number Plano Children's Theatre. Inc 75-2387300 Part I Types of Property (a) Check if (b) (c) Number of Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art - Works of art 2 Art - Fractional interests 3 Clothing and household goods 5 ĸ 7 8 Securities — Publicly traded 9 10 Securities - Partnership, LLC, or trust interests. . 11 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other. . . . 14 15 16 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 22 23 Archeological artifacts 24 25 26 Other ▶ 27 Other > 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . 30 a Х b if 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.......... Х If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer Identification number
Plano Children's	Theatre, Inc.	75-2387300
Pt VI, Line 11b	Reviewed by officers and Board of Directors	
Pt VI, Line 12c	Members of the BOD are required to disclose cont	flicts of interest.
Pt VI, Line 15b	Officer compensation reviewed by BOD.	
Pt VI, Line 18	Available on request	
Pt VI, Line 15a	Officer compensation reviewed by BOD.	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

OMB No 1545-0172 2014

Department of the Treasury Internal Revenue Service Name(s) shown on return

BAA For Paperwork Reduction Act Notice, see separate instructions.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Identifying number

Attachment Sequence No 179

Form_4562 (2014).

	no Children's The	atre, Inc.					<u> 75 -</u>	2387300
	ss or activity to which this form relates							
	m 990 / Form 990E				 			
Par			Property Under Se complete Part V before you					
1	Maximum amount (see instr						1	· · · · · · · · · · · · · · · · · · ·
2	Total cost of section 179 pro	,						
						r	2	
3	Threshold cost of section 17		•	•			3	
4	Reduction in limitation. Subt Dollar limitation for tax year						4	 = .
5	separately, see instructions						5	
6		Description of property		(b) Cost (business		(c) Elected cost		
	(5)			1357		10/		
								
7	Listed property. Enter the ar	nount from line 29			. 7		-	
8	Total elected cost of section						8	
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed ded					L L	10	
11	Business income limitation.		-				11	
12	Section 179 expense deduc						12	
13	Carryover of disallowed ded	uction to 2015 Ad	ld lines 9 and 10, less lin	e 12	► 13			
Note	Do not use Part II or Part III	below for listed pi	roperty. Instead, use Par	t V.				
Par	t II Special Depreci	ation Allowan	ice and Other Depi	eciation (Do no	ot include liste	d property.) (S	See ins	tructions.)
14	Special depreciation allowar							
	tax year (see instructions)						14	
15	Property subject to section 1						15	
16	Other depreciation (including					r	16	2,894
Par	···		nclude listed property.) (,	2,031
· · ·			Secti					
17	MACRS deductions for asse	ets placed in service	ce in tax vears beginning	hefore 2014			17	5,648
18	If you are electing to group a	•						3,040
10	asset accounts, check here					▶ 🗍		
	Section B	- Assets Placed	in Service During 2014	Tax Year Using t	he General D	epreciation S	Svstem	
	(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	<u></u>	(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method		deduction
10 -	3-year property		ony occurations,		 	 		
						-		
	5-year property	1				 		
	7-year property	1			 	-		<u> </u>
	10-year property					 		
_	15-year property						\longrightarrow	
	20-year property	ļ			<u> </u>	 		
	25-year property	ļ		25 yrs		S/L		
h	Residential rental		 	27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		· · · ·
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C -	Assets Placed i	n Service During 2014	Tax Year Using th	e Alternative	Depreciation	ı Syste	m
20 a	Class life					S/L		
t	12-year	}		12 yrs		S/L		
	40-year			40 yrs	MM	S/L		·····
	t IV Summary (See in	structions)		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
21	Listed property. Enter amou						21	
22						F	-	
	the appropriate lines of your return	Partnerships and S	corporations — see instruction	s <u>.</u>		<u></u> 2	22	8,542
23	For assets shown above an the portion of the basis attrib				23			

FDIZ0812 06/24/14

Par	rt V Listed	Property (Incoment, recreation	lude automob	les, certai			certain	aircr	aft, c	ertain c	omputer	s, and p		used for	<u>, </u>	r ago z
	Note: Fo	or any vehicle for (a) through (c) c	which you are	using the	standar	d mileag	ge rate o	r ded	ductir	ng lease	expens	е, сот	olete oni	y 24a, 2	4b,	
		n A - Depreciat								s for lin	its for pa	ssenge	er automo	obiles.)		
24 a	Do you have evider	nce to support the bi	usiness/investmer	nt use claime	d?	[Yes		No	24b lf '	Yes,' is the	e evidenc	e written?	• • • [Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia iss/investm ise only)			(f) Recovery penod	Me	(g) thod/ vention	Depr	(h) eciation fuction	sec	(i) ected tion 179 cost
25	Special depreci		for qualified lis			d in serv	ice durir					1			<u> </u>	
26	used more than Property used n	50% in a qualifi				3)	• • • •	• •	• • •		• • • •	25	<u> </u>		1	
20	Tioperty asca i	11010 (11011 00 70 11	Ta quamica be	10111000 40					Γ		Т		T		T	
	Property used 5	00/ 05 1000 in 0.4		200 1100		L			l		_l					
<u> 27</u> _	Froperty used 5	O 76 OF TESS ITT A C	quaimed busine	355 USE.		T			1		1		<u> </u>		1	
									<u> </u>						_	
											.1]	
28	Add amounts in											28		100	 	
29_	Add amounts in	column (i), line	26. Enter here	Section I							····		· · · · ·	. 29		
Com to yo	pplete this section our employees, fir	for vehicles use st answer the qu	ed by a sole pro uestions in Sec	opnetor, pa	artner, o	r other 'n	nore tha	n 5%	6 owr	ner,' or	elated p	erson. I	f you pro	ovided ve ehicles.	hides	
30	during the year (do not include) cle 1	(b Vehic) cle 2	\	(c) /ehic	le 3	(d Vehi		(e Vehi) cle 5	(f Vehi) cle 6
31	•	niles driven during th														
32		sonal (noncomm														
33	Total miles driv	en during the ye	ar. Add													
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	e available for pe hours?	ersonal use	. <u> </u>												
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more in?													
36	Is another vehice personal use?	cle available for														
	· · · · · · · · · · · · · · · · · · ·		C - Question													
	wer_these question owners or related			exception	i-to com	oleting-S	ection-E	3-for-	vehic	les use	d by em	ployees	who are	not mo	re than-	
37	Do you maintain	n a written policy										,			Yes	No
38	Do you maintair		statement tha	t prohibits	persona	l use of	vehicles	s, exc	cept o	commut	ing, by y	our		• • •		
39	Do you treat all			•	•	-		•								
40	Do you provide		ehicles to you	r employee	es, obtai	n informa	ation fro	m yo	our er	mployee	s about	the use	of the			
41		e requirements on swer to 37, 38,	concerning qua 39, 40, or 41 is	alified auto Yes,' do	mobile d	lemonstr olete Se	ration us	se? (s for th	See in	nstructi vered ve	ons) ehicles.					<u> </u>
Pa	rt VI Amori	tization														
	De	(a) escription of costs		Date an	(b) nortization egins		(C) Amortizab amount			C	d) ode otion	P	(e) ortization enod or rcentage		(f) Amortizatio for this yea	
42	Amortization of	costs that begin	s during your	2014 tax y	ear (see	instructi	ions) [.]							·····		
	· · · · · · · · · · · · · · · · · · ·		·	-		-			+			—		-		
43	Amortization	f costs that bega	n before vour	2014 tax v	ear ·								43	 		
44_		ounts in column		-									44			
						NZ0812 06				-				Fo	orm 456	2 (2014)

Miscellaneous Statement

Change in year end		
Effective September 30, 2014 the organization changed its fiscal year end from December 31 to September 30. This return is for the short period from January 1, 2014 through		
September 30, 2014.		

Total

75-2387300

1

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

Briefly describe the organization's mission:

lifelong learning, teamwork, creativity, communication & good citizenship skills. To provide other DFW non-profits a space to utilize.

Supporting Statement of:

Form 990 p 10/Line 7 col (B)

	Description	Amount
		283,006. -40,141.
		-40,141.
Total		242,865.