Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No. 1545-1150

2009

Open to Public Inspection

A	For the	2009 calend <u>ar y</u>	year,	or ta	r year t	oeginn	ing	<u>-Se</u>	<u> 20ten</u>	<u>nbêr</u>	<u> </u>		, 2009,	and	ending	HUQU	<u>S</u>	<u> 31 </u>	, 2	010
В	Check if a		ease	C Na	ame of o		~ .				_				-				ication nur	nber
	Address		e IRS bel or	S	Heer	de A	Plau	ഷട	71	heat	tre.	Inc				84-1642694				
=	Name ch	nange pri	int or	Numl	ber and	street (c	or P.O/	box, if	mail is	not del	ivered?	o street ac	dress)	Roc	m/surte	E Telephone number				
=	initial reta Terminat	<u> </u>		2	140)	West	r M	bin !	Str	ppt				ı		615-824-6037				
=	Amended	Sp	ecific	City o	or town,	state or	count	ry, and								F Group Exemption				
=			struc- ms.	-	terva	lers	ONVI	ille,		TA	Í	37075	5				Number ▶			
=												intina M	ethod:	×	Cash	Accrual				
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Other (specific properties) 											_		_		, 100.00				
													if the organization is not							
	CI a la litta de l												attach Schedule B (Form 990,							
	Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-E														0,100	(1 01	556,			
	K Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A																			
	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$																			
	art I	Revenue,																	r Part I.)	
	1	Contributions															1		6.976	.70
	2	Program serv	-	_													2		72,080	
	3	Membership				_	-									• •	3		14.3000	· · · · · · · · · · · · · · · · · · ·
	4	Investment in			40000	31110116								•			4		-	
	5a	Gross amour			e of as	· · eeate (other:	, . than i					5a	1			 			
	~ ь	Less: cost or								•			5b	 						
•	6	Gain or (loss)					•							line f	ia)		5c		_	
į g	6	Special events a														• ⊓ ·	<u> </u>			
evenue	a	_										butions	· • · · · · · · · · · · · · · · · · · ·			· 🗀				
ે હેં	"	reported on li	•										6a	I						
e Œ	Ь			•									6b	\vdash						
2	_							-						lino	60)		6c			
	70	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									<u> </u>									
\Box	b				-	Hetuii				,65 .		• •	7b	+						
#	6		-			ee of i				 act line	 a 7h 1	rom line		'			7c		224	
Z	8	Other revenu	_	-						Adı			, α, .	•			8		.9.95	0.00
Ø,	9	Total revenu	•		_											<u> </u>	9		= -/ 4 :	7.47
SCANNED	10	Grants and s														<u>.</u>	10		~	14.1.1
-	11	Benefits paid							-							• •	11			
Ó	1	Salaries, other														• •	12			
Expenses	13	Professional						-									13	$\overline{}$	9,390). 81
ě	14	Occupancy,				-			-					•			14		28.56	
ŭ	15	Printing, pub															15		5,44	
	16	Other expens								ervic	0	Exper	าร๕			,	16		37,400	
	17	Total expens															17		11 116	
- 0	40	Excess or (de	eficit)) for th	he yea	ır (Sub	tract	line 1	7 fror	m line	9) .						18		1,990	
šet	19	Net assets o																	-,	
Ass	1	end-of-year f	figure	е герс	oted o	n prio	r year	r's ret	tum)			٠					19		282	.58
Net Assets	20	Other change	es in	net a	ssets	or fund	d bala	ances	: (atta	ch exp	planat	tion) .					20			
Z	21	Net assets or	r fun	d bala	ances :	at end	l of ye	ar. Ç	ombi	ne line	es 18	through	20		<u></u> .	. •	21	(2,27 3	3,08
E	art II	Balance S	Shee								B) are	\$1,250	000 or	mor						
	(See the instructions for Part II.) (A) Beginning of										(B) End of	year								
2	2 C	ash, savings, a	ınd ir	nvestr	nents		.	. [-	• •				<u>, </u>		2	82.5	8	22	221	3.08
2									ಚ	-										
24	4 0	Other assets (describe ►									24	ű								
2	, , , , , , , , , , , , , , , , , , , ,								<u>82.58</u>		25	a,313	3.08							
2		otal liabilities (l	670	3.3.	J. 1	نال)		-		26		
2	7 N	Net assets or fund balances (line 27 of column (B) must agree with line 21)								8	27	282	2.58							

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Form	990-EZ (2009)	Steeple Program Service Accom	Players Thea	tre Inc	84 -16	426	94 Page 2
Wha Desc man	t is the organization's poribe what was achievener, describe the serving program title.	orimary exempt purpose? ved in carrying out the org ces provided, the number of	Conuncyity T	neatre ses. In a clear a	nd concise	(Requ 501(c organ	lred for section)(3) and 501(c)(4) izations and section a)(1) trusts; optional
28	Performing	arts education benefit of Cui	and theatrical unlunity	production			
29	(Grants \$) If this amount	includes foreign grants, ch	eck here	, ▶ 🗆	28a	81,016.97
30	(Grants \$) If this amount	includes foreign grants, ch	eck here	. • 🗆	29a	
31	(Grants \$) If this amount	ıncludes foreign grants, ch			30a	
•	(Grants \$	•	includes foreign grants, ch		. ▶ □	31a	
		e expenses (add lines 28a t				32	
Par	t IV List of Officers,	, Directors, Trustees, and Key	/ Employees. List each one en (b) Title and average				
		and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
	Lym Sims 50 Bluegrass Di	r., Herdersonville, Tv	Board President 30-40	-0-	-0-		-0 -
		37075	TD. of Towns				
	Rene' Sheph 07 Bethea Ct, 1	Hendersonville TN	Board Treasurer 8-10	-0 -	-0 -		-0 -
		<u>37075</u>					
				-		·	
			<u> </u>				
						_	

			-	
Form	990.	F7	മ്പ	301

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

Page 3

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Ÿ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a \ \(\int\)/3			
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 17/2			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► NoNE; section 4912 ► NoNE; section 4955 ► NoNE			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ө	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. Tennessee			
42a	The organization's books are in care of ▶ Rene Shepherd, Treasurer Telephone no. ▶ (415 Located at ▶ 107 Bethera Ct., Hendersinville TN 37075 ZIP+4 ▶ 37	015	lo-5	624
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	- -
44	Did the secondaries and the secondaries of the seco		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			V
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		<u>X</u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Λ_
	For	m 99 0	ナビス	(2009)

Form 990-	, -EZ (2009)	Steede	Plauers	Theatre	Inc.	84-16426	194 Page 4
Part V	Section 501(c)(3) org 501(c)(3) organization and complete the tab	anizations and s s and section 494 es for lines 50 an	section 4947(a)(17(a)(1) nonexem d 51.	1) nonexem pt charitable	pt charital e trusts mu	ble trusts only. A st answer questio	ll section ns 46–49b
	Did the organization engage candidates for public office?	in direct or indirect	political campaig	n activities or	n behalf of c	or in opposition to	Yes No
	Did the organization engage i	•	· ·				46 X 47 X
	ls the organization a school as Did the organization make an						48 X 49a X
	of the organization make an if "Yes," was the related orga	•	•		-		49b /\/a
	Complete this table for the or employees) who each receive						
	(a) Name and address of each emplo		(b) Title and ave hours per we devoted to pos	rage (c)	Compensation		(e) Expense account and other allowances
n/a							
f -	Total number of other employ	rees paid over \$100		► n/a			
	Complete this table for the o \$100,000 of compensation fr					tors who each rece	eived more than
n	(a) Name and address of each	<u> </u>		00	(b) T	ype of service	(c) Compensation
i							
							
·					+		
							· · · · · · · · · · · · · · · · · · ·
ď.	Total number of other indepe	ndent contractors e	each receiving ove	r \$100,000	▶ <u> </u>	VONE	
	Under penalties of penury, I de and belief, it is true, correct, ar	clare that I have examine of complete Declaration	ed this return, including of preparer (other than	accompanying s officer) is based	chedules and so on all information	tatements, and to the bes	t of my knowledge any knowledge
Sign Here	Ine'	Shiphed	/			11/2/201	0
	Signature of officer Rene' She Type or print name and tit	, , , , , , , , , , , , , , , , , , , 	Board Tre	asurer		Date	
Paid	Preparer's signature	-	·	Date	Check if self- employed ▶ [Preparer's identifying num	nber (See instructions)
Prepare Use Onl	yours if self-employed), —			·	E	EIN ►	
	address, and ZIP + 4				l P	hone no 🕨	

. ► Yes No
Form 990-EZ (2009)

Use Only

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of t	he organization	Steeple	Plauers	The	atre,	Tal		1 . 7 -	r identificat	tion number	
Da	(Danas										
	rt I			arity Status (All or							ctions.	
			•	dation because it is:	-	_		-		-		
1	닏			rches, or association			ribed in s	ection 1	70(b)(1)(<i>l</i>	A)(i).		
2				on 170(b)(1)(A)(ii). (Att								
3	닏	•	•	nospital service organ								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in sect	ion 170(t)(1)(A)(v)			
7				receives a substantia 1)(A)(vi). (Complete P		its suppo	ort from a	governm	ental uni	t or from	the general	public
8				in section 170(b)(1)		omplete	Part II.)					
9		,						n contrib	utions. m	embersh	p fees, and	aross
	An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	П	•	-					-	-	a)/4)		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other											
_		a ☐ Type					-	-			,,	
•	L	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f		If the organi	zation received	a written determinate	on from	the IRS	that it is	a Type I	. Type II.	or Type	III support	ına
g		organization	, check this box									
		following per	rsons?									
				r indirectly controls, en ning body of the supp				h person	s describ	oed in (ii)	11g(i)	No
			•	rson described in (i) a							11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h		Provide the	following informa	ation about the suppo	orted orga	anization	(s).					
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organızat (i) organı	s the ion in col zed in the S?		
					Yes	No	Yes	No	Yes	No		
_							İ					
							ļ					
				,								
												•
			-				<u> </u>					

Total

Sched	tule A (Form 990 or 990-EZ) 2009	eple t	layers	Theatr	e, Inc.	84-1642	694 Page 2
Par		anizations (Described in	Sections 17	0(b)(1)(A)(iv)		
<u></u>	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	.)		
	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Oa	iendal year (or listal year beginning iii)	(a) 2003	(6) 2000	(6) 2007	(d) 2000	(e) 2009	(i) Iolai
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.						
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_		(a) 2003	(b) 2000	(6) 2007	(u) 2000	(e) 2009	(i) iotai
7 8	Amounts from line 4						
•	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>				
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re			-		1.1
	tion C. Computation of Public Su			4		44	<u></u> %
14	Public support percentage for 2009 (line		-			15	%
15	Public support percentage from 2008 Sc 331/3 % support test – 2009. If the organi						
10a	and stop here. The organization qualifies			-			
ь	33\% % support test—2008. If the organi						
b	box and stop here . The organization qua						
17a	10%-facts-and-circumstances test — 20	•		•			
	more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here	. Explain ın Parl	IV how the
b	10%-facts-and-circumstances test2008 more, and if the organization meets the "facts-and-circumstance test2008 private formation of the organization design. If the organization design is the organization of the organization	facts-and-circun ances" test. The	nstances" test, o organization qui	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 100, 1/a, 01	i / D, CRECK THIS	box and see ins	structions P 📋

Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			_		6 ,976.70	6,976.70	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					72,080.71	72,080.77	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					- 0 -	-0 -	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-0-	-0-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				<u></u>	- 6-	- 0 -	
6	Total. Add lines 1 through 5					79,057.47	79,057.47	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					-0 -	- 0-	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-0 -	- 0-	
C	Add lines 7a and 7b					-0-	- 0 -	
8	Public support (Subtract line 7c from line 6.)						79,057.47	
	tion B. Total Support	r	T			T		
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 10a	Amounts from line 6					<u> 79,057.47</u> - 0 -	<u> 79,057.47</u> - 0 -	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-0 -	-0-	
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-0-	- 0 -	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					-0-	- 0 -	
13	Total support. (Add lines 9, 10c, 11, and 12.)					79,057.47	79,057.4	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	nd, third, fourtl				
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •				1.5	/^^	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 9	Schedule A, P	art III, line 15	ne 13, column	• • •		/00 % /00 %	
Sec	ction D. Computation of Investmen					ТТ	1	
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .							
18	Investment income percentage from 20					18 -	- () %	
19a	.,							
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ	nization did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and	
<u>20</u>	line 18 is not more than 33½ %, check this Private foundation. If the organization		_		, check this b	ox and see ins	tructions 🕨 🗌	
					Sch	edule A (Form 99	0 or 990-EZ) 2009	

Schedule A (F	orm 990 or 990-EZ) 2009	Steenle	Plauers	Iheatre, I	nc 84-11	042694 Page 4
Part IV	Supplemental Info	rmation. Compl	ete this part to p	rovide the explana	tions required b	ov Part II, line 10:
	Part II, line 17a or	1/b; and Part III,	line 12. Provide	any other additions	ai intormation. S	ee instructions.
				•		
					•••••	
					•••••	
						•••••
				•••••		
		••••				
						•••••

REVISION OF BYLAWS

OF

STEEPLE PLAYERS MINISTRY, INC.

ARTICLE I.

NAME OF CORPORATION

READS: The name of this Corporation is Steeple Players Ministry, Inc. ("the Ministry"). Its principal office shall be located in the State of Tennessee, at such location as the Board of Directors shall deem appropriate.

SHALL READ: The name of this Corporation is Steeple Players Theatre, Inc., hereinafter known as "Steeple Players". Its principal office shall be located in the State of Tennessee, at such location as the Board of Directors shall deem appropriate.

JUSTIFICATION: The Board of Directors (along with our Member) have voted to change the name of this Corporation, therefore the need to revise the Bylaws to reflect such change. With this change, any and all references to the name of this Corporation throughout the Bylaw document will be changed to read "Steeple Players".

ARTICLE II.

PURPOSE

READS: Section 2.1 <u>Purposes.</u> The specific purposes of The Ministry are:

- a. To encourage and foster the ideal of Jesus Christ as our Lord and Savior and, in particular, to encourage and foster:
 - i. the development of the performing arts in the community;
- ii. the recognition of the performing arts as an important part of the education of children and adults in the community; and
- iii. the advancement of understanding, goodwill, and peace through a world fellowship of persons united in the ideals reflected in Christianity as fostered through the performing arts.

SHALL READ: Section 2.1 Purposes. The specific purposes of Steeple Players are:

- a. To encourage and foster the following:
 - i. the development of the performing arts in the community;
- ii. the recognition of the performing arts as an important part of the education of children and adults in the community, and;
- iii. the advancement of understanding, goodwill, and peace through a world fellowship of persons united in positive and affirming attributes as fostered through the performing arts.

JUSTIFICATION: The current verbiage is not pursuant to the actuality of this organization.

ARTICLE III.

MEMBERSHIP

READS: Section 3.1. <u>Membership.</u> The Ministry shall initially have one (1) member which shall be Hendersonville First United Methodist Church, Sumner County, Tennessee.

SHALL READ: Section 3.1. <u>Membership.</u> Steeple Players shall have membership consisting of those approved through an application process.

JUSTIFICATION: This change broadens our member relationships and therefore serves to benefit the theatre.

ARTICLE IV.

READS: Section 4.3. <u>Election and Term of Office.</u> None of the directors shall serve more than two (2) consecutive three (3) year terms.

SHALL READ: Section 4.3 <u>Election and Term of Office.</u> None of the directors shall serve more than three (3) consecutive three (3) year terms.

JUSTIFICATION: We suggest increasing the potential term of office.

READS: Section 4.3 <u>Election and Term of Office.</u> Executive Officers may serve for a total of eight (8) consecutive terms.

SHALL READ: Section 4.3. <u>Election and Term of Office.</u> Executive Officers may serve up to three (3) years in any one office.

JUSTIFICATION: We suggest this to establish a more reasonable length of time an Executive Officer may serve in any one office.

ARTICLE VI.

RESIGNATIONS, REMOVALS, AND VACANCIES

READS: Section 6.5. <u>Duties.</u> All Executive Officers shall have such authority and perform such duties in the management of the Ministry as are normally incident to their offices and as the Board of Directors may from time to time provide. If not specified, the duties shall be as follows:

SHALL READ: Section 6.5. <u>Duties.</u> All Executive Officers shall have such authority and perform such duties in the management of Steeple Players as are normally incident to their offices as pursuant to Robert's Rules of Order and/or as specified by the Board of Directors.

JUSTIFICATION: We suggest this change serves to clarify this section.

ARTICLE VIII.

FISCAL MANAGEMENT

READS: Section 8.1. Fiscal Year. The fiscal year of the Ministry shall begin on the first day of September of every year. The commencement date of the fiscal year herein established shall be subject to change by the board of Directors.

SHALL READ: Section 8.1. <u>Fiscal year</u>. The fiscal year of the Ministry shall begin on the first day of July of every year. The commencement date of the fiscal year herein established shall be subject to change by the board of Directors.

JUSTIFICATION: We suggest this change in fiscal year will place Steeple Players in line with many similar organizations. We also suggest this is not a significant change if we plan to remain active throughout the summer months and that is the intention.