Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must fite 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.

Open to Public Inspection

A	For the	e 2009 calend	ar year,		ear beginning	Jai	nuary 1	, 2009, aı	nd ending	Dec	ember	31	, 20	09
В	Check if a	applicable:	Ploaso		e of organization						D Employer identification number			
	Address		use IRS label or	Sueet	Theatre Company							-086831		
H	Name ch Initial rota	-	print or	Number	and street (or P.O. I	ox, if mail is no	ot delivered to street ad	Idress) I	Room/suite	E Tele	phone nu	mber		
H	Terminat		type. See		cChesney Avenu	0				615-554-7414				
	Amended	d return	Specific Instruc-	City or to	own, state or countr	y, and ZIP + 4				F Group Exemption				
	Applicati	ion pending	tions.	Nashvil	lle, TN 37216						Number ▶			
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting													
_	a completed Schedule A (Form 990 or 990-EZ). Other (speci										Oasi		~i vai	
	H Check ▶ 🖟									if the organization is not			-	
1.1	I Website: ► www.streettheatrecompany.org required to a													
J Tax-exempt status (check only one) —											(, O	,50,		
	Check I	▶ ☐ if the	e organi	ization is	not a section 509(a)(3) supportir	g organization and i	ts gross r	eceints are r	normally	not mo	re than \$	25 000	Δ
_	Form 9	9U-EZ OF FORT	1 990 re	etum is no	ot required, but if	the organizati	ion chooses to file a	return, be	e sure to file	a comp	lete retu	ım.	20,000.	^
<u>L /</u>	Add line	s 5b, 6b, and 7	b, to line	e 9 to dete	ermine gross receip	ots; if \$500,000	or more, file Form 99	90 instead	of Form 990	-EZ Þ	• •			
P	art l	Revenu	e, Exp	penses,	, and Change	s in Net As	sets or Fund B	alance	s (See the	instru	ctions	for Par	t I.)	
	1	Contributio	ns, gift	its, grant	s, and similar a	nounts rece	ived				1		<u>-</u>	2,984
	2	Program se	ervice r	revenue	including gover	nment fees	and contracts .				2	-		2,100
	3	Membershi	ip dues	s and as							3			
	4	Membership dues and assessments									4			
	5a	Gross amo	unt fro	om sale d	of assets other t	han inventor	у	5a		•	13.71	· · · ·		
	b	Less: cost	or othe	er basis :	and sales exper	ises		5b						
a	C	Gain or (los	ss) from	n sale of	assets other th	an inventory	(Subtract line 5b	from line	e 5a)		5c			
Ž	6	reported on line 1)							►⊓l	- 33		_		
Revenue	а								_					
æ										184				
	b													
	C							e 6a)		6c				
	7a	7a Gross sales of inventory, less returns and allowances							٠. ا					
	Ь	Less: cost	of good	ds sold				7b			7 - 63 3 - 5 - 5			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								7c				
	8	Other rever	iue (de	escribe >	_					· ; l	8			
_	9	Total rever	nue. Ac	dd lines	1, 2, 3, 4, 5c, 6d	, 7c, and 8				'	9		7	5,084
	10	Grants and	sımılar	r amoun	ts paid (attach s	chedule) .				••	10			3,004
	11	Benefits pa	id to or	r for me	mbers						11			—
Š	12	Salaries, ot	her cor	mpensat	tion, and employ	ee benefits				· · · ·	12			3,465
Expenses	13	Professiona	al fees a	and other	er payments to i	ndependent	contractors				13			3,745
3	14	Occupancy	, rent, ı	utilities,	and maintenand	же.,,				t	14			6,596
	15	Printing, pu	blicatio	ons, pos	tage, and shipp	ing					15			3,297
	16	Printing, publications, postage, and shipping . Other expenses (describe ▶ production expenses and office supplies Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (Subtract III of 17 for the year (Subtract II of 17 for the year (Subtract III of 17 for the year (Subtr								` `	16			6,442
\dashv	17	Total exper	nses. <i>P</i>	Add lines	s 10 through 16	<u></u>				. ≱ ∣	17			3,497
Net Assets	18		4011UII)	101 1116 1	year (Sudiract III	18 1 / trom II	na Qì			1	18			1,587
SS	19	1401 922612	or rung	o baiant	ces at beginning	1 Of Vear (fr	om line 27. calum	- /AU /-	A	17	92			1001
τA	~~	ond or year	ngai e	Leboure	u on prior years	return) .				ľ	19			-476
ž	20 21	Other chang	ges ın r	net asse	ts or fund balan	ces (attach i	explanation)			[20			
P:	art II	<u> </u>	Ji Turia	i Dalance	eav to dae is se	r Combine i	inos 10 through O	^		. г			1	1,111
نکھ		Buance	211661	(See 4	tal assets on line	25, columi	n (B) are \$1,250,00	00 or mo	re, file For	n 990 i	nstead	of Form	990-E	Z .
22	Ce			1000 11		or Fart II.)			(A) Regi	nning of y	year	(B) En	d of year	
23	l ar	nd and huildi	anu IIIV nae	vesimen						14	,542 2	2	10	,232
24	CH	her accete (4)	uya . secriba								2:	3		
25	Tot	tal assets .	osui i De	_			· · · · · ·)		24			
26		tal liabilities	• •								,542 2		10),232
27	Ne	t assets or f	und he	alancee	fline 27 of colum	nn /D)	agree with line 21)	15	,018 26	6		,121
	Priva~	v Act and Ban	Same of	. D. d	THIS ET OF COIU	iii (b) must	agree with line 21)			476 27	7		,111

Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses							
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts; optional	
eacn	program title.				for of	thers.)	
28	Mainstage productions: Once on this Island, Tuesd			can Trailer			
	Park Musical. Approximately 100 artists were involved	ed and audience was approx	imately 3,000	• • • • • • • • • • • • • • • • • • • •			
				***************************************	1		
	(Grants \$ 6,758) If this amount	▶ □	28a	29,287			
29	Youth Programming: Two shows were produced; T	200	25,201				
20							
	Acting classes held in the fall, spring, and summer.	ed, 75.					
	Elementary school tour of a sexual abuse prevention						
	(Grants \$ 1,400) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	28,650	
30				i			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u> </u>	30a		
31	Other program services (attach schedule)	merce to orgin granto; on			1000		
		includes foreign grants, ch			. ما		
32	Total program service expenses (add lines 28a	through 31a	eck nere	<u>·▶↓</u>	31a		
Pari	Liet of Officers Directors Trustees and Ken	Francisco Listeration		<u> </u>	32	57,937	
ı a	List of Officers, Directors, Trustees, and Ke						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and	
		devoted to position	entor -0)	deferred compe		other allowances	
	y Streat	40					
	McChesney Ave., Nashville, TN 37216	170	3,465	i			
Jaim	e Janiszewski, Board President						
1046	Rolling Meadow Dr., Mt. Juliet, TN 37122]°	l o				
Peter	r Westerholm, Treasurer						
1502	Long Ave, Nashville, TN 37206	14	0				
	Sowell, Secretary						
	Lights Chapel Road, Greenbrier, TN 37073	4	_				
	Conner, Member-at-large		0.				
	***************************************	2					
	Preston Court, Antioch, TN 37013		0				
	Fardon, Member-at-large	 					
	aronwood Dr, Nashville, TN 37215		0				
	e Jackson, Member-at-Large						
	Sydney Terrace, Mt. Juliet, TN 37122]*	o				
Ellen	Kasperek, Member-at-large						
949 E	Mansfield Ave., Nashville, TN 37206	2					
	McCoy, Member-at-large		0				
	outh 11th St., Nashville, TN 37206	2	_		i		
	ne Meyerowitz, Member-at-large		0				
	Cobbler Court, Nashville, TN 37221	2					
1021	Cobbiet Court, Nashville, IN 37221		0				

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	***************************************				_		

Form 9	30-EZ (2009)		F	age (
Part	Other Information (Note the statement requirements in the instructions for Part V.)		ls.e	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
a	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	:	1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a Did the organization file Form 1120-POL for this year? 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?	37b		1
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
	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		√
C	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	i ii		l.a.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		**	
е	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		
41	List the states with which a copy of this return is filed. ▶			
42a	Telephone no ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	••••••	******	
	over a intancial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u>√</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		! 4. !	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	·	✓
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	• •	. •	• 🗆
		ſ	Val	MI-
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44 45		<u>√</u>
		45		

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt chard d 51.	exempt charitat ritable trusts mus	ple trusts only. A st answer question	II secti ns 46	on -49b
46	Did the organization engage in direct or indirect	political campaign activi	ties on behalf of o	r in opposition to	Y	es No
	candidates for public office? If "Yes," complete 5				46	✓
47 48	Did the organization engage in lobbying activities	s? If "Yes," complete Sch	edule C, Part II .		47	
49a	Is the organization a school as described in sectio Did the organization make any transfers to an ex	n 1/U(D)(1)(A)(II)? If "Yes," (complete Schedule	E	48	- •
b	If "Yes," was the related organization a section 5	27 organization?	eu organization? .	• • • • •	49a 49b	- */
50	Complete this table for the organization's five high employees) who each received more than \$100,0	ghest compensated emple	ovees (other than o	officers, directors, t	rustees	and key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and llowances
none					Other E	Nonaires_
						
	Total number of other employees paid over \$100			-		
51 (Complete this table for the organization's five had been stated in the cryanization from the organization from the cryanization from	nighest compensated indention. If there is none, enter "N	ependent contract None."	ors who each rece	eived m	ore than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Comp	ensation
none						
d T	Total number of other independent contractors en	ach receiving over \$100,0	00▶			
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of	d this return, including accompar of preparer (other than officer) is	nying schedules and sta	tements, and to the best of which preparer has a	of my kn	owledge
Sign Here	- Cun	Trut	<u> </u>			
	Signature of officer Cathy Street, Artistic Director Type or print name and title			Date		
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying number	ber (See ins	structions)
Preparer Use Only	'S Firm's name (cr yours if self-employed),		employed ▶ ☐	<u> </u>		
May the	address, and ZIP + 4			one no. ►		
viay uib	IRS discuss this return with the preparer shown	above? See instructions		▶ 🗆	Yes [n 990-l	No EZ (2009)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer Identification number Name of the croanization Street Theatre Company 01 0868312 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, city, and state: section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 e
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) |11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	orted organization((Iv) Is the organization in col. (i) listed in your governing document?		the organization in		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									
			-	-					
eal							557. 55 5527. 1995		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar . . . Net income from unrelated business activities, whether or not the business is 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 . Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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.)

Sec	tion A. Public Support	-					
Ci	alendar 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.")	0	50	7,901	12,357	12,984	33,292
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	0	7,359	28,415	50,694	62,100	148,568
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0 7,409	0 36,316	0	0	0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	0			63,051	75,084	181,860
b	received from disqualified persons . Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		0	0	0	0	0
	amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b		O transport of the control of the co	0 60. : - 70.5 0.3 0.3 0.3 0.4 0.4	0	0	0
8	Public support (Subtract line 7c from line 6.)						181,860
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 000E	#-> 0000	(-) 0007	4		
		(a) 2005	(b) 2006 7,409	(c) 2007 36,316	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6		7,409	30,310	63,051	75,084	181,860
	payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	7,409	36,316	63,051	75,084	181,860
14	First five years. If the Form 990 is for torganization, check this box and stop I	nere			n, or fifth tax y		n 501(c)(3) ▶ ☑
	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin			15	%
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment	cnedule A, Pa	rt III, line 15	<u></u>		16	%
17							
18	Investment income percentage for 2009 Investment income percentage from 20	08 Schedule A	, Part III, line	17		17 18	<u>%</u>
19a	33% % support tests—2009. If the organic is not more than 33% %, check this be	anization did no ox and stop he	ot check the bo	ox on line 14, a	and line 15 is m	nore than 33% 9	%, and line
b	17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization > 33% % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization \(\bigcup \)						
20	Private foundation. If the organization	did not check :	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions > 🗆

Schedule A (F	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation Part II, line 17a or 17b; and Part III, line 12. Provide any other additional in	ns required by Part II, line 10; information. See instructions.
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