Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

A	For the	z 2009 calendar year, or tax year beginning $ exttt{JUL} 1$, $ 2009 $	JUN 30, 2010)
В	Check If	Please C Name of organization	D Employer identif	ication number
1	applicab	" USS NASHVILLE ACADEMY THEATRE AND NASHVILLE		4.76.1
	Addre	State of CHILDRENS THEATRE ASSOCIATION		
	Name chang	tyne	62-0	0637709
Ī	lnitial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	or
1	Termi			5)254-9103
Ī	Amen Prefurn	ded tions. City or town state or country and 710 to	G Grose receipts \$	1,333,261.
Ē	Applic		H(a) Is this a group	
0.00	pendi		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affillates in	Cilled a desired (Cill Cill Cill Cill Cill Cill Cill Cil
	Toyrox	empt status: X 501(c) (3) ◀ (Insert no.)		a list. (see instructions)
		te: WWW.NASHVILLECHILDRENSTHEATRE.ORG	H(c) Group exemption	
				M State of legal domicile: TN
	art i	Summary	- Salara de la companya del la companya de la compa	and the second s
		Briefly describe the organization's mission or most significant activities: NASHVILL	E CHILDREN'S	THEATRE IS
Governance	•	AN ENSEMBLE OF PROFESSIONAL ARTISTS WHO BRIN	G UNIOUE VIST	ON AND
ä	2	Check this box L if the organization discontinued its operations or disposed of r		
ş		Number of voting members of the governing body (Part VI, line 1a)		1
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		
oğ V		Total number of employees (Part V, line 2a)	1	NAMES OF THE PARTY
iție		Total number of volunteers (estimate if necessary)		-
Activities &		Total gross unrelated business revenue from Part VIII, column (C), line 12		
4	1	Net unrelated business taxable income from Form 990 T, line 34		A CONTRACTOR OF THE PROPERTY O
	† "	THE CHICAGO DOGSTOGS COCKING INDICATE STORY STOR	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	514,677	
age.	9	Program service revenue (Part VIII, line 2g)	656,338.	
Revenue		-	The state of the s	The transfer of the second control of the se
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,532. 11,381.	<5,804.3
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,184,928.	1,315,167.
**************************************	of the property of	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,488.	
		Benefits paid to or for members (Part IX, column (A), line 4)	namen namen serian namen serian men er	an er van anderstande van er van
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	931,759.	891,256.
Š	10	Professional fundraising fees (Part IX, column (A), line 11e)		02.74.00
Expenses	102	Total fundraising expenses (Part IX, column (D), line 25) 54,056.		
益	4.7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	738,062.	608,945.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,676,309	1,515,635.
	1		<491,381.	.> .<200,468.>
₩ 8°	19	Revenue less expenses. Subtract line 18 from line 12	t	
ats c	00	Tatal (O V No 16)	Beginning of Current Year 6, 182, 333.	
SSS Ball	20	Total assets (Part X, line 16)	731,991.	
Net Assets or Fued Balances	21	Total Habilities (Part X, line 26)	5,450,342	
	22 art II	Net assets or fund balances, Subtract line 21 from line 20 Signature Block		1 7/6-3-3/
23,880	A DECEMBER	Tanana and a same and a same a sa	nts, and to the best of my knowle	dge and belief. It is true, correct.
		Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than office Via based on all information of which preparer has any knowle	odga.	
6 2		$\mathbf{L} = (1/4) \mathbf{W} \mathbf{A} \mathbf{A}$	13.5	1 1
Sig		Signature drofficer	Date	n adam and a and a second and a second and a second a second and a
He	res	A CHETC OF CENTRAL DONDS CHATE		
		Type or print name and title		
BANTON CO.	V		Check if Prepr	arer's identifying number
Pal	đ	Preparer's Surface 03/30/11	icolf_ (atmor)	hatructions)
Pre	parer's	Firm's name (or KRAPTCPAS DIJ-C	EIN 🌬	
Use	Only	yours if self-employed). 555 GREAT CIRCLE ROAD	E (IN PAR	
		address, and Na Crister F. D. 1000	Phone no No f	315-242-7351
B.4 -			LEGISTON DE LEGIST	A STATE OF THE PARTY OF THE PAR
Ma	y tn⊕ ll	RS discuss this return with the preparer shown above? (see instructions)	*	X Yes No

Form **990** (2009)

	NASHVILLE ACADEMY THEATRE AND NASHVILLE
DISTRIBUTED BOOK AND ADDRESS OF THE PARTY OF	990 (2009) CHILDRENS THEATRE ASSOCIATION 62-0637709 Page 2
Pal	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION NASHVILLE CHILDREN'S THEATRE IS AN ENSEMBLE OF PROFESSIONAL ARTISTS WHO BRING UNIQUE VISION AND COMPELLING VOICE TO THE CREATION OF MEANINGFUL THEATRE FOR NASHVILLE AND MIDDLE TENNESSEE AUDIENCES. WE STRIVE TO MAKE THE IMAGINATIVE CELEBRATION OF OUR HOPES, STRUGGLES AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
m.	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and and the section of the section o
4 a	(Code:)(Expenses\$ 1,077,435.including grants of\$)(Revenue\$ 570,303.) NCT'S PERFORMANCE SERIES IS A MULTI-LAYERED PROFESSIONAL THEATRE PROGRAM THAT FOCUSES SPECIFICALLY ON SERVING STUDENTS, EDUCATORS, AND FAMILIES FROM MIDDLE TENNESSEE AND SOUTHERN KENTUCKY. THE 2009-10 SEASON SPANNED 39 WEEKS AND FEATURED A SCHOOL PERFORMANCE SERIES OF 144 SCHOOL PERFORMANCES TO 61,500 SCHOOLCHILDREN AND EDUCATORS, AND A FAMILY PERFORMANCE SERIES OF 67 PERFORMANCES FOR 19,300 CHILDREN AND FAMILIES. APPROXIMATELY 274 SCHOOLS IN MIDDLE TENNESSEE AND SOUTHERN KENTUCKY PARTICIPATED IN THE THEATRES FY10 SCHOOL PERFORMANCE SERIES. THESE ACCLAIMED PERFORMANCES PROVIDE THOUGHTFUL ENTERTAINMENT THAT IS DESIGNED TO INSPIRE CREATIVITY AND IMAGINATION IN BOTH KIDS AND ADULTS FOR A MODEST ADMISSION PRICE.
45	(Code:)(Expenses \$ 252,732. Including grants of \$)(Revenue \$ 259,564.) THEATRE ACADEMY — NASHVILLE CHILDREN'S THEATRE OFFERS YEAR—ROUND THEATRE CLASSES AND DRAMA PROGRAMS FOR YOUNG PEOPLE AGES THREE TO EIGHTEEN. A PROFESSIONAL ACTOR TEACHES EACH NCT THEATRE COURSE, AND CLASSES ARE INTENTIONALLY DESIGNED TO BE SMALL IN SIZE AND OFFER A PROGRESSIVELY ADVANCED CURRICULUM. NCTS 2009 AND 2010 SUMMER CAMPS FOR CHILDREN AGES 3 TO 18 OPERATE NEAR FULL CAPACITY, SERVING OVER 950 YOUNG PEOPLE ANNUALLY. ALTOGETHER, NCTS YEAR—ROUND THEATRE CLASSES AND DRAMA PROGRAMS SERVED 1,250 CHILDREN IN FY10.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	2017 1 P 10/12 10 P 10
4d	Other program services. (Describe in Schedule O.)
· 	(Expenses \$ including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

	System Advantage Control of the Cont		Yes	No
†	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounte? If "Yes," complete Schedule D, Part I	6	Ĺ	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	DATE OF THE PARTY	ALTON DISTRICT	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			~~~~
	as applicable	11	Х	
۵	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			
	Fart VI.			
•	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 167 If "Yes," complete Schedule D, Part VII.			
•	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.			
40	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
4	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? If "Yes," complete Schedule D. Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	98333
400	Schedule D, Parts XI, XII, and XIII.	12		
1ZA	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No. 12A X			
13	bandania birania biran	13		Х
142	Did the organization maintain an office, employees, or agents outside of the United States?	142	***************************************	X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	145		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	en dese Gara	***************************************	A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	***************************************	Printer Commence	And marks from more the
	iocated outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	_X_	
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	ansare sannar	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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Form 990 (2009) CHILDRENS THEATRE ASSOCIATION 62-0637709 Page 4 Part IV Checklist of Required Schedules (continued) Yes N٥ Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 Schedule J 24a 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 Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L., Part I 25a 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 Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L., Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L, Part III 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): 28a Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was Х 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2

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37

Х

37

38

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

Pa	Statements Regarding Other IRS Filings and Tax Compliance				Therewere
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter 0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	15	0		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	eportable gaming	03.3		
	(gambling) winnings to prize winners?	**************************************	. 1c		
2a	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	2a (3 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	26	Х	
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	За	l	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		. Зь		
4a	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:		_ 1888		
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				
5a	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 trans-	action?	. 5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tex-Exempt Entity Regard	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?	***************************************	. 6ъ	version subsection	
7	Organizations that may receive deductible contributions under section 170(c).		F888		
ä	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
	provided to the payor?			X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7ъ	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	zs required			1
	to file Form 8262?	, ,	7c	Boladepaherelan	X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		Kere		
	benefit contract?			}	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			Lanno Liver	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		,		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	•	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	_			
	supporting organization, or a donor edvised fund maintained by a sponsoring organization, have exc				P
_	at any time during the year?		- 8	100000000000	
9	Sponsoring organizations maintaining donor advised funds.		11025100		
a	Did the organization make any taxable distributions under section 4966?		ļ		
ъ	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••	. 9b	source extraction	Goodon
10	Section 501(c)(7) organizations. Enter:	lun-1			
a		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LID			
77	Section 501(c)(12) organizations. Enter:	[44]			
a	Gross Income from members or shareholders	118			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			k 🕮
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a	000000000000000000000000000000000000000	Protesta la
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	140		ļ.
L)	THE LEST CHIEF FILE OFFICIAL OF COVERED FILES EST FILES CANADA OF SOCIAL DESTRUCTION OF A SECTION OF THE SECTIO	, . 		and an initial line	area di Nelevi di N

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						·
		1	1	<u>v</u> et	222555	Yes	No
18		1a		25			
b	Enter the number of voting members that are independent			25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			100 M 100 M 100 M			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			,			
	of officers, directors or trustees, or key employees to a management company or other person?			·	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo			1.00.00	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse			· · · · ·	5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members.	embe	rs of the	i	1		
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	3?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durir	ng the year	0000			
	by the following:			833			
a	The governing body?		1211	[]	82	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		Х
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						i
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
OUSSELE					<u>-</u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			1	08		X
	If "Yes," does the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with those of the organization?			1	0ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f			1	11	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			100	2a	ngiyasiyasigi, satsa	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that co			····· -'	****		<u> </u>
					2b		
_	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If						ir avenenaus
10	in Schedule O how this is done				2c		x
13	Does the organization have a written whistleblower policy?				direction and the		X
14	Does the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approv	-	independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				3330		
æ	The organization's CEO, Executive Director, or top management official				5a	X	
b	Other officers or key employees of the organization			1	5b	Х	80000000000
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		Miles I	90000	
	taxable entity during the year?			401,4011	6a	35 13 3555	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the experimental organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization and the organization adopted as written policy or procedure requiring the organization and the organization adopted as written adopte		- ,	n 🎇			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	aniza	tion's	1 888	sas f		
	exempt status with respect to such arrangements?			1	6b		· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Disclosure	.,					·+//
17	List the states with which a copy of this Form 990 is required to be filed $ ightleftarrow TN$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) av	ailable fo	r		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest po	licy, and	finar	icial	
	statements available to the public.						
20	State the name, physical eddress, and telephone number of the person who possesses the books a MICHELLE TAYLOR $-$ (615)254-9103	ınd re	cords of the or	ganizatio	п: 👺		
	25 MIDDLETON STREET, NASHVILLE, TN 37210			,		TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF	AUTOMOTORIA
					nem (9 90 (2000

CHILDRENS THEATRE ASSOCIATION

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

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

__ Check this box if the organization did not compensate any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 🖷 i.ist the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(8) Average	- Armarian	(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	indikityse insteam indikity	insitutional mater	E E	PARTIE HAVE	Hopest compensater to exployee	Ī	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHRIS W. GREEN				Ī						an access the state of the second and second of the second
CHAIR - BOD	1.00	X		X				0.	0.	<u> </u>
BILL ZIMKE	1 00								_	
BOARD OF DIRECTORS	1.00	X		Х		_	ļ	0.	0.	. 0
JANE AVINGER	7 00	4,0		4,5					_	^
TREASURER - BOD	1.00	X		X	ATENTA WATER	ļ	· · · · · · · · · · · · · · · · · · ·	0.	0.	0.
DWAINE ANDERSON	1 00								^	^
BOARD OF DIRECTORS	1.00	X	<u> </u>	<u> </u>		 	<u> </u>	0.	0.	. 0
KEVIN CHURCHWELL, MD	1 00									
BOARD OF DIRECTORS	1.00	X	/umanan	·/	inica a sair			0.	0.	0 +
MARY CLEMENT	1 00								_	
BOARD OF DIRECTORS	1.00	X		ļ		ļ	_	0.	0.	0.
ROXANNA A. DEVLIN	7 00	**								
BOARD OF DIRECTORS	1.00	X				ļ		0.		
WINSTON HARLESS	1 00			4,4						0
SECRETARY - BOD	1.00	X		X	303WF	ļ	er 1933a	0.	0.	0.
BETH HARWELL	1.00	v						0.	0	٥
BOARD OF DIRECTORS	1.00	X	,		*********				O	0.
LEANN KELLY	1.00	v						0.	0.	0
BCARD OF DIRECTORS		Х						J		0.
SIMA RHAYAT-RHOLGHI	1.00	х						0.	0.	0
BOARD OF DIRECTORS	1.00	^								
NINA LINDLEY	1.00	x						0.	ol	0.
BOARD OF DIRECTORS	+	£3+						V +	-	<u>U .</u>
ASHORE BAPPA MUKHERJI BOARD OF DIRECTORS	1.00	Х						0.	0.	0.
MATTHEW MULLINS	1.00	25.							AND THE PARTY OF T	
BOARD OF DIRECTORS	1.00	¥						0.	ο	0.
PROVIDED AND ADDRESS OF THE PROPERTY OF THE PR		43.						V •		
TOM ORECK BOARD OF DIRECTORS	1.00	x						0.	0.	0.
LEE ROBINSON	<u></u> -					-,-,		and the second s	e conserver and a second reserver and account and account reserver	······································
BOARD OF DIRECTORS	1.00	x						0.	0.	0.
JIM SHULMAN	- www.mananananananananananananananananananan							· · · · · · · · · · · · · · · · · · ·		
BOARD OF DIRECTORS	1.00	х						0.	0.	0.
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932007 02-04-10

Form **990** (2009)

CHILDRENS THEATRE ASSOCIATION

(A)	(B)	npic	yee		na i C)	nign	est	Compensated Employ (D)	ees (continued)	(F)
Name and title	Average		Position (check all that apply)					Reportable	Reportable	Estirnated
	hours per week	Indistral sustant of Control	institutional sustan	ali		Hahestompersulad So employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RONNIE STRINE	7 00								^	
BOARD OF DIRECTORS	1.00	X						0.	O +	0.
THEODORE MORRISON, JR BOARD OF DIRECTORS	1.00	x						0.	0.	0.
JIM SCHMIDT	1800	1				†	-		<u>`</u>	
BOARD OF DIRECTORS	1.00	x						0.	0.	0.
IRMA PAZ-BERSTEIN	***************************************	1	100.000	^	III. TANK				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and the second s
BOARD OF DIRECTORS	1.00	X			<u>L</u>			0.	0.	0.
BAMA ESTES WOOD		١								
BOARD OF DIRECTORS	1.00	X					<u> </u>	0.	0	Ü.
LESLIE TRAYTE PETERS	1.00	x						0.	0.	0.
BOARD OF DIRECTORS RELLY O'CONNOR		1.3.	/#**********	- Wards-No sal s			-			
BOARD OF DIRECTORS	1.00	x						0.	0.	0.
STEVE BIANCHI	Nadaran da karangan kanan at da karangan da karangan kanan da karangan da karangan da karangan da karangan da k	1	·	***********				Andrew Comment States Charles and Charles	ALTERNATION OF THE PROPERTY OF	Andrew Market Community Co
BOARD OF DIRECTORS	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
JULEE BROOKS										
BOARD OF DIRECTORS	1.00	X	*********	X			we an	0.	. 0	0.
BETTYE ARERNATHY	1,00	x						0.	0.	0.
BOARD OF DIRECTORS 1b Total			L	<u>L</u>	<u> </u>	<u></u>	1	94,997.		13,125.
Total number of individuals (including but no		antain Maa	iiste iiste	adassa Art Al	addaa Haraya		ንርን የ ፍ		CALLED TAXABLE TOWN SERVICE PROPERTY AND ADDRESS OF THE CONTRACT OF THE CONTRA	
compensation from the organization						.,			The second second	0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for significant for any individual listed on line 1a, is the sugand related organizations greater than \$150. 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedule. 	uch individual m of reportab),000? If "Yes, ccrue compe	le co " co rsat	omple ion f	ensa ete (rom	ation	n and	d oth	ner compensation from for such Individual	the organization	Yes No 3 X 4 X 5 X
Section B. Independent Contractors	VITTO PORT OF THE PROPERTY OF	w 11vruir		***/***		45W1601	/#1%#F4F4	E-1 (APP 10 - 100	AND STREET	
Complete this table for your five highest conthe organization. NONE	mpensated in	debe	encie	nt c	onti	racto	ors t	hat received more than	\$100,000 of compens	sation from
(A) Name and business	address							(8) Description of s	ervices C	(C) Compensation
2 Total number of independent contractors (in \$100,000 in compensation from the organiz SEE SCHEDULE J-2 FOR	ation 👺				()			(C)	Form 990 (2009)

Mark County County	n Vi	II Statement of Rever	Marino 111 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Cort andres	The Control of the Section of the Control of the Co		02-0037	/UD rage a
		To a second seco	p and the		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	d d d	Federated campaigns Membership dues Fundralsing events Related organizations Government grants (contribut All other contributions, gifts, gran	ions) te	38,417. 244,372.				
Sontribu		similar amounts not included abo Noncash contributions included in lines	1g-17: \$		106 761			
0.0	<u>t</u> n	Total. Add lines 1a-1f			496,754.			
Service	2 a	THEATRE ACADEMY		Business Code 711110 611600	563,996. 259,564.	563,996. 259,564.		
Program Service Revenue	o e f	All other program service reve		00-1779-00-1-A-L-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A-M-1-A			W47-041144	N WATEROOM STATE OF THE ADMINISTRATION OF THE ADMINISTRAL AND
į		Total. Add fines 2a-2f			823,560.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, interex-	est, and proceeds	657_	\$2.00 \text{\$\frac{1}{2}\$} \te	AT TO ANTONOMISSE STATE ASSESSMENT AS A SECTION OF	657.
	6 a	Gross Rents Less: rental expenses	(I) Real	(ii) Personal				
	d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory		(ii) Other				
		Less: cost or other basis and sales expenses Gain or (loss)	APPLICATION AND REPORT AND ADDRESS OF A STATE OF A STAT	egizenianismi sinesizene sanamer zanamen				
Other Revenue		Net gain or (loss) Gross income from fundraisin including \$ 38,4 contributions reported on line	g events (not	>				
Other R	¢	Part IV, line 18 Less: direct expenses Net income or (lose) from fund	b traising events	5,983. 18,094.	<12,111.	Λ		<12,111.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from garr	a					
	t0 a	Gross sales of inventory, less and allowances	retums a b	THE PARTY WAS A SECOND CONTRACTOR OF THE PARTY OF THE PAR				
	11 a			Business Code 711110	6,307.	6,307.		annumatha da da Arthur ann da 112
	e d	All other revenue Total, Add lines 11a-31d	.,	VI VII LEIDEN MINER MINER IN THE	6,307.			
93200 02-04	12 9	Total revenue. See instructions.		.	1,315,167.	829,867.	0.	<11,454. Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	emino esta mante a o valanda e e por la proposición de la constante de la cons	CONTRACTOR OF THE SECOND PROPERTY OF THE SECO		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	15,434.	15,434.		
3	Grants and other assistance to governments,	AND THE RESIDENCE OF THE PARTY	Antonio en Company de	ng akkungakan popularan jaku karaban na jara para in permejahan ki pajaga	
•	organizations, and individuals outside the U.S.		,		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-tt		in and a principle of the second seco	territorio de la completa de la comp
5	Compensation of current officers, directors,	nater (2000) (1.676-1275) (1671-1606) (200-1277) (547-1607) (1671-1607)	PHANTERTY, PHANTON OF A PARTY VEHICLAND MOVE A TRANSPORTED	30.000000000000000000000000000000000000	400.000.0000.0000.00000.00000.00000.00000
_	trustees, and key employees	102,110.	74,399.	22,821.	4,890
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	622,511.	547,801.	41,351.	33,359
8	Pension plan contributions (include section 401(k)	CONTRACTOR OF THE PARTY OF THE			encorrect and a second
~	and section 403(b) employer contributions)				
9	Other employee benefits	166,635.	148,925.	8,621.	9,089
O.	Payroll taxes			was a sure and a sure and a sure of the su	men and a second second second second
1	Fees for services (non-employees):				
	· · · · · · · · · · · · · · · · · · ·				
a	Management	7,404.	3,702.	3,702.	
b	Legal	21,920	10,960.	10,960.	
C	Accounting	6 A p 2 6 V *	10,000,		and the liberary colored that a fall of the last of th
ď	Lobbylng	arane nenemeno escreta activistica en escreta de escreta en escreta en escreta en escreta en escreta en escreta		VACATA CONTRACTOR AND	MITHEM TO SERVICE THE MITHEM TO SERVICE TO SERVICE THE
e	Professional fundraising services. See Part IV, line 17				
Ť	Investment management fees	5,182.	2 622	2,549.	
g	Other	68,865.	2,633. 68,299.	A 1-18-1	20
2	Advertising and promotion		ринци и до при при до се и при и при на при при при при при на при на при	546. 3,599.	
3	Office expenses	10,759.	5,442.		1,718
4	Information technology	14,599.	13,187.	1,412.	
5	Royalties	40,825.	40,825.	ananananananananananananananananananan	Landard State of the Control of the
6	Occupancy	13,470.	12,123.	1,347.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 0 0 0			
9	Conferences, conventions, and meetings	8,017.	1,242.	2,386.	4,389
0	Interest	8,802.	7,149.	1,653.	ACCORDANGED TO ACCORD BECOME A SAME POLICE AND ACCORDING PROCESS TO ACCORDING TO AC
1	Payments to affiliates				
2	Depreciation, depietion, and amortization	265,766.	247,162.	18,604.	oost aleene taleet of the second very second contract contract to the second contract to the second contract to
3	Insurance	14,626.	13,163.	1,463.	
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	TICKETING	27,141.	27,141.	0.	0
b	SCENERY/SHOP	24,496.	24,496.	0 .	0
c	PROGRAM SUPPLIES	13,945.	12,120.	1,825.	0
d	ACADEMY	12,514.	12,514.		Ö
e	SOUND/MUSIC	10,435.	10,435.	0.	ō
ť	All other expenses	40,179.	31,015.	8,573.	591
	Total functional expenses. Add lines 1 through 24f	1,515,635.	1,330,167.	131,412.	54,056
<u>5</u>	Joint costs. Check here	and the second of the second of		the best of the All the the	
6	· · · · · · · · · · · · · · · · · · ·				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				C 000 /000

Pa	rt X	Balance Sheet				**************************************	
					(A) Beginning of year		(B) End of year
*	1	Cash - non-interest-bearing			98,174.	4	208,174.
	2	Savings and temporary cash investments		19,252.	2	19,563.	
	3	Pledges and grants receivable, net		997,348.	3	529,943.	
	4	Accounts receivable, net	75,930.	4	27,086.		
	5	Receivables from current and former officers, di					
	'	employees, and highest compensated employe					
		of Schedule L			5		
	6	Receivables from other disqualified persons (as			**************************************		
		4958(f)(1)) and persons described in section 49:					
		Part II of Schedule L		6	di ni can interior transcription de maniera de section de maniera de la company de maniera de manie		
22	7	Notes and loans receivable, net		NOT THE RESIDENCE ASSESSMENT OF THE PARTY OF	7	A WINDS CONTROL OF THE STATE OF	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			14,920.	9	25,325.
	10a						
		basis. Complete Part VI of Schedule D	10a	5,369,421.			
	b	Less: accumulated depreciation		757,054.	4,857,989.	10c	4,612,367.
	17	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	2,070.	12	2,614.		
	13	Investments - program-related. See Part iV, line		13			
	14	Intangible assets		14			
	15	Other assets, See Part IV, line 11		116,650.	15	130,835.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	6,182,333.	16	5,555,907.
	17	Accounts payable and accrued expenses	43,844.	17	60,226.		
	18	Grants payable				18	
	19	Deferred revenue			103,259.	19	116,917.
	20	Tax-exempt bond liabilities			The same of the second state of the second sta	20	TO SHEET A THE THE WAY TO THE WAY THE SHEET THE SHEET THE SHEET AND THE SHEET SHEET AND THE SHEET SHEE
S.	21	Escrow or custodial account liability. Complete	Part IV d	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, truste	ees, key employees,			
<u> </u>		highest compensated employees, and disqualif	ied pers	ons. Complete Part II			
_		of Schedule L		. 61. 616		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	384,888.	23	134,232.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			200,000.	25	0.
	26	Total liabilities. Add lines 17 through 25			731,991.	26	311,375.
		Organizations that follow SFAS 117, check he	ere 📂	X and complete			
83	İ	lines 27 through 29, and lines 33 and 34.					
ů,	27	Unrestricted net assets			4,452,994. 997,348.	27	4,714,589. 529,943.
ğ	28	Temporarily restricted net assets		•••••	997,348.	28	529,943.
ğ	29				and the state of t	29	
亞		Organizations that do not follow SFAS 117, c	heck he	ere 📂 🔔 and			
9		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			anna noona militara anna Marikiwa ilikuwa manifi manima iliani iliani iliani iliani iliani iliani iliani iliani	32	anne ann an an Aireann an Aireann Graeile an an 1170 an Aireann an an Aireann an Aireann an Aireann an Aireann
Z	33	Total net assets or fund balances			5,450,342.	33	5,244,532.
	34	Total liabilities and net assets/fund balances			6,182,333.	34	5,555,907.

Form 990 (2009)

Part XI Fina 62-0637709 Page 12 CHILDRENS THEATRE ASSOCIATION

10	TEXT Financial Statements and Reporting			
			Yes	No
7	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	25	X	
¢	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36		
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

2009

Open to Public Inspection

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE Employer identification number 62-0637709 CHILDRENS THEATRE ASSOCIATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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 described in section 170(b)(1)(A)(vi). (Complete Part il.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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 !. Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (III) Type of (iv) is the organization (v) Did you notify the (vi) is the (i) Name of supported (II) EIN (vil) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section. (see instructions)) Yes Yes Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

62-0637709 Page 2 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.)

Sø	ction A. Public Support						
Cat	endar year (or fiscal year beginning in)🌬	(a) 2006	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						,
	membership fees received. (Do not		;				
	Include any "unusua! grants.")	415,722.	633,399.	3252000.	514,677.	496,754.	5312552.
2	Tax revenues levied for the organ-	STATE OF THE PERSON OF THE STATE OF THE STAT					.w
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				100000000000000000000000000000000000000	7 17-11-11-11-11-11-11-11-11-11-11-11-11-1	N
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	415,722.	633,399.	3252000.	514,677.	496,754.	5312552.
5	The portion of total contributions						THE WAY OF STANDING STANDING STANDING STANDINGS
	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)						27,266.
6	Public support. Subtract line 6 from line 4.						5285286.
	ction B. Total Support						
Cat	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	415,722.	633,399.	3252000.	514,677.	496,754.	5312552.
8	Gross income from interest,				V-14 WHY C-1, F-114 VIII	as to-read a strained version for the strain that the strain strains	711111717171171171
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	V 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	activities, whether or not the						
	business is regularly carried on			2,177.	443.		2,620.
10	Other income. Do not include gain				A	The state of the s	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						5315172.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,420,760.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here	kana dalah dan dari bahar menangan berasah dan dari bahar dari bah		*******		b-
	ction C. Computation of Publ		PROPERTY AND A PROPERTY OF THE	File Control (Control Control			
	Public support percentage for 2009 (14	99.44 %
	Public support percentage from 2008						99.95 %
16a	33 1/3% support test - 2009. If the o	-				•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2008. If the o	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				_		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						part contracts
	organization meets the "facts-and-circ						,
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16s	<u>ı, 165, 17a, or 17b</u>	, check this box a	<u>nd see instructions</u>	· · · · · · · · · · · · · · · · · · ·
					Sche	dule A (Form 990	or 990-EZ) 2009

	art III Support Schedule for (ction A. Public Support	Organizations	Described in	Section 509(a	(Complete only	if you checked th	e box on line 9 of Part I.)
	ender year (or fiscal year beginning in)	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	MENANT PROPERTY AND	Park 1997 dilikka an Amela ka a Harrada khammada an amela da haki da karana				
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	APPENDED TO A PROPERTY OF THE	North National Constitution of Constitution (No. 10) Constitution				
ŀ	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.			BETT TOWN BUTTON OF THE STANDARD BETT TO S			
•	Add lines 7a and 7b		TOTAL TEST I ATTENNACTO MANAGEMANTICO METRONO	CANNERSON SOUTH CAREFORM SOUTH STEEL SOUTH	IZ BANKAN MARIEKANIN ORDANIAN KAMPERIN TINGKAN KAMPANIAN	nte (Cich Villering distanciants de Companyone	
	Public support (Subtract line 7c from line 8.)	- Anna Cara Cara Cara Cara Cara Cara Cara C				1	
HeAderson Ab	ction B. Total Support	T-0	T			,	
	endar year (or fiscal year beginning in)📂	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1	and a facility of the state of	THE PROPERTY OF THE PROPERTY O		//
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	months are promised and the control of the control	The Control of the Co				
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				- 1 ben dyff rathaf i fi slake Linnsson systycken fyr	*************************************	Add
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				192	**************************************	
	Total support (Add lines 9, 10c, 11, and 12.)			AND THE RESERVE AND THE PARTY OF THE PARTY O			
14	First five years. If the Form 990 is for	46			•		,
90.	check this box and stop here				***************************************		Box ()
<u> 36.</u> 15	Public support percentage for 2009 (column (f)		15	%
16	Public support percentage from 2008					16	<u></u>
THE PERSON	tion D. Computation of Inve					odacin/linxodiorani.nzmana	
17	Investment income percentage for 20			e 13, column (f))		17	<u>%</u>
18	Investment income percentage from a					(%
19a	33 1/3% support tests - 2009. If the						e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qualit	ies as a publicly s	supported organiza	ation	>
Ł	33 1/3% support tests - 2008. If the	-					p
	line 18 is not more than 33 1/3%, che					_	
20	Private foundation. If the organization	<u>n did not check a i</u>	box on line 14, 19a	a, or 19b, check t			990 or 990-EZ) 2009

Schedule D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047 brapection

Internal Revenue Service Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		2
	- VACULUS AND VALUE OF CONTRACT OF CONTRAC	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	T-1	77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
2	Aggregate contributions to (during year)	4 - 14/4 - Hall W. Villian V. V. V. Villian V.	PM
3	Aggregate grants from (during year)	ALCOHAL BROWN MICHELLAND	**************************************
4	Aggregate value at end of year		The second secon
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990.	Part IV. line 7.
1	Purpose(s) of conservation easements held by the organizati	A POST AND A POST A POS	The state of the s
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	F	rtified historic structure
	Preservation of open space	Fieselvanon of a ce	Trined Triatotic attocture
2	Complete lines 2a through 2d if the organization held a qualif	Kod opposytation analythystica is the Keye	
	day of the tax year.	sed conservation contribution in the lott	n or a conservation easement on the last
	day of the tax year.		Lints of the State of the Tay Van
ä	Total number of conservation easements		Held at the End of the Tax Year
b			[
c	171.1	control of the street and the Late	The state of the s
d			
3			
ي	Number of conservation easements modified, transferred, rel year		ne organization during the tax
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	lodic monitoring, inspection, handling of	7
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	anforcing conservation easements durin	g the year 🟲 \$
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?	***************************************	YesNo
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
*******	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	i Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and I	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of po	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	tems.	
b	If the organization elected, as permitted under SFAS 116, to r	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		≫ 5
	(ii) Assets included in Form 990, Part X	,	▶ \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 11	·	— 2 —···· pr = 11—=
a			≫ \$
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		b \$
			A Andrewson and

Schedule D (Form 990) 2009

932051 02-01-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 980.

	NASHVI	LLE ACADEMY	o white	rampe z	MEN MAS	HVTT.T.F		•	
Sche		ENS THEATRE				, y y A - T- T- T- T-		0637709	Bana 2
	t III Organizations Maintaining					or Other			
3	Using the organization's acquisition, acce								
-	(check all that apply):					o c. o.ig.			
43	Public exhibition		d []	Loan or exc	change progr	ams			
Ð	Scholarly research		¢ [
c	Preservation for future generations					PALICANI CARRIANA IN PARICE IN INC.			
4	Provide a description of the organization's	collections and expla	in how t	hey further:	the organizat	ion's exemp	at purpose in	Part XIV.	
5	During the year, did the organization solici								
	to be sold to raise funds rather than to be								No
Pai	TIV Escrow and Custodial Arra reported an amount on Form 990, I	Part X line 21					990, Part IV.	line 9, or	
	Is the organization an agent, trustee, custo				ns or other a				
	on Form 990, Part X?							T VAC	No
ь	If "Yes," explain the arrangement in Part X						14/		BANKA WAS SALVE
		The same of the sa						Amount	TERRESISTANTA NOTA NOTA NOTA
C	Beginning balance						10		
d	Additions during the year						td		
e	Distributions during the year								ALALAH - A'AAAAAA - A
f	Ending balance								
2a	Did the organization include an amount on							Yes [No
	If "Yes," explain the arrangement in Part X								
Par	TV Endowment Funds. Complet	e If the organization a	nswered	"Yes" to Fo	ırm 990, Part	IV, line 10.		OF VIOLENTA PI TOMA A NAVORE TARMA A NAVA A NA	77/10/10/10/10/10/10/10/10
		(a) Current year		rior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four ye	ars back
18							en e		
b	Contributions							na ang managan mga papanang na ang malang ang ang	
¢	Net investment earnings, gains, and losses				NOTE OF THE PARTY				60-19 -1 03-1496-0496
ď	Grants or scholarships	·							
e	Other expenditures for facilities								
	and programs								
1	Administrative expenses		 		To the second second				
2 2	End of year balance Provide the estimated percentage of the year						el afer habele a transactur l'estantese laterete ac		COLORONORIO SERVE NECESTA DE PERO PERO PERO PERO PERO PERO PERO PER
	Board designated or quasi-endowment								
b	Permanent endowment	%							
	Term endowment	/0 %6							
	Are there endowment funds not in the pos	PEN S	etion th	at are heid s	ort administr	ared for the	araanization		
	by:		OWNERS CIT	ar are more	aro elaminare	2160 201 1116	φ) Βα ι ατατί φ ι ι	Ye	s No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organization	ens listed as required	on Sche	dule R?			*****************	3b	MINTER A PROMOTE STATE AND A STATE OF THE ST
4	Describe in Part XIV the intended uses of t						• • • • • • • • • • • • • • • • • • • •		
Par	t VI Investments - Land, Buildi				, Part X, line	10.			ALERA PARENTA PROPERTY AND PROP
	Description of investment	(a) Cost or o	other	(b) Cost	or other (other)	(c) Acct	rmulated	(d) Book va	alue
OF A SECTION ASSESSMENT	MALIA DI EDPADIE, GALIPA AREA - CAS.	1 2222 /114826		1 10000	(MARITEEL)	nebie	ciation		

► 4,612,367. Schedule D (Form 990) 2009

4,397,314.

86,272. 128,781.

582,859.

89,267

84,928

b Buildingsc Leasehold improvements

d Equipment

4,980,173.

175,539. 213,709.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10(c).)

Part VII Investments - Other Securities. Security or category	(b) Book value		(c) Method of valu	
(including name of security)		1/4	Cost or end-of-year ma	arket vajue
Financial derivatives			W NEEDS PROVINCES AND ASSOCIATE CONTINUES OF STANKING ASSOCIATION	
Closely-held equity interests	A.t A.			
Other	CONTRACTOR OF THE STATE OF THE	W. A. S.		
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Total. (Col (b) must equal Form 990, Part X, col (8) line 12.)			COTTON TO THE TAX TO THE CONTRACT OF THE CONTR	
Part VIII Investments - Program Related. Se	a Farm 000 Part V line	- 42		
i		2.1.1726	(c) Method of valu	ation:
(a) Description of investment type	(b) Book value		Cost or end-of-year ma	
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			./\/	
1777 1777 1777 1777 1777 1777 1777 177				P4 "-A44AAAMAMAAA"- A4-4
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Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		F1 / THE LANGUAGE AND A PROPERTY OF A PROPER		
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
		41\0Fi.d.\0(1		
1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 -		- Province Control of	MATTER OF MALATERIA CO.	
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Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, li	ne 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes	PARTITION OF THE PARTIT			
		WORDS AND		
ALI/ALI-, WALKER AND WALKER ST. MARINE A.				
PARTICIPATE AND A STATE OF THE		- I - MOURE MITTER WIT - CRO-		
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= f = 0.05 V V V V V V V V V V V V V V V V V V V	VI II I			
Total. (Column (b) must equal Form 990, Part X, col (B) line .	25.)	PANCON CALLARANACE CONTRACTOR		
2. FIN 48 Footnote. In Part XIV, provide the text of the foot		's financial statem	ents that reports the on	renization's Sability for

uncertain tax positions under FIN 48.

932053 02-01-10

	dule D (Form 990) 2009 CHILDRENS THEATRE ASSOCIAT			-0637709 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stateme	
7	Total revenue (Form 990, Part Vill, column (A), line 12)	***************************************	1	1,315,167.
2	Total expenses (Form 990, Part IX, column (A), line 25)			1,515,635.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			<200,468.>
4	Net unrealized gains (losses) on investments			<2.>
5	Donated services and use of facilities			
6	Investment expenses			and the Property of the Control of t
7	Prior period adjustments			- TET VIVA
8	Other (Describe in Part XIV.)			<5,340.>
9	Total adjustments (net). Add lines 4 through 8			<5.342.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			<205,810.>
	TXII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Retu	rn
1	Total revenue, gains, and other support per audited financial statements			1,501,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		wyna p. p. n. n.	graph and the second
a	Net unrealized gains on investments	2a	<2.	675 9 68 9 68 9 68
b	Donated services and use of facilities		<2. 210,089.	
c	Recoveries of prior year grants	arrentinininum tuninari	and a second transfer of the second s	
- 4	Other (Describe in Part XIV.)	£	<23,715.	
	Add lines 2a through 2d		* (9000)000	186,372.
3	Subtract line 2e from line 1		}i	1,315,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			on manage of the Constraint of
**	Investment expenses not included on Form 990, Part VIII, line 7b	1		
b	Other (Describe in Part XIV.)	7		
ć	A A A B a company of the second will		9900	ο.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			1,315,167.
	1 XIII Reconciliation of Expenses per Audited Financial Statem	ante Wit	h Evnançae nar Rai	1 4/24-7/42/4
	Total expenses and losses per audited financial statements			1,707,349.
1			\$50000	1,707,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	210,089.	
a	Donated services and use of facilities		210,009.	
ь	Prior year adjustments			
¢	Other losses		<2,941.>	
a	Other (Describe in Part XIV.)		ernamenter eramanen erama eraman eraman eramen eramen eramen eramen eramen (eramen eramen eramen eramen eramen	207 140
æ	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,500,201.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		3 F 4 N 4	66 66 86 97
	Other (Describe In Part XIV.)	4b	15,434.	15 404
	Add lines 4a and 4b			15,434.
	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,515,635.
AND CONTRACTOR	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II a 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp			
PAF	RT XI, LINE 8 - OTHER ADJUSTMENTS:			
CHE	ANGE IN VALUE OF AGENCY ENDOWMENT FUND: 14	185.	TERIOREN AUSSTRUM EINE BEI EINE BEN WEN EINE WENNE EIN EIN BEN WENNE EIN DE HOREN EIN EIN DER HARFERE BEN BEN	and the second section of the second
LOS	S ON DOUBTFUL TEMPORARILY RESTRICTED PLEDO	GES: -	37900.	
SCF	OLARSHIPS: 15434.		entermonale en santaren eta eta esta de entermona en errordo en esta en esta en esta en esta en esta en esta e	TO THE STORY OF STREET STORY SHOWS A STREET
IN-	KINDS INCLUDED IN SPECIAL EVENTS: 2941.			
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:		THE PROPERTY OF THE STATE OF TH	PCV-785/14-2-2-2019 Add St. Alexandro Alexandr

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2009

Open To Public Inspection

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

Schedule G (Form 990 or 990-EZ) 2009

			<u> </u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Part I Fundraising Activities required to complete this par	. Complete if the organization answert.	ered "` 	res" to	> Form 990, Part IV, ! 	ine 17. Form 990-EZ	tilers are not
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply		
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations			_			
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	o gnib	fficers, directors, tru	stees or	
	art VII) or entity in connection with p					No
b if "Yes," list the ten highest paid ind						De .
compensated at least \$5,000 by the	organization.					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NOTES TO MATERIAL TO A STATE OF THE PROPERTY O	·		}		i
(i) Name of individual	775 A	(iii)	natogy alast Dkt	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have o	ustody itroi of utions?	from activity	fundraiser	to (or retained by) organization
11-70-0		contrib	utions7		listed in col. (i)	
		Yes	No			
		L				
				TANGANIAN NASANIIN SANASAN AMARIN I AMARIN AMAR	AND AND ARRAY OF THE AND	h Adalamah a mari dan sami kalamahada sa Philosophika at Phadasanahasan
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3 List all states in which the organization		funds (	or head	been potified it is ex	empt from registration	on or licensing
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

62-063<u>7709 Page 2</u> Schedule G (Form 990 or 990-EZ) 2009 CHILDRENS THEATRE ASSOCIATION Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

*********		on Form 990-EZ, line fla. List events with	gross receipts greater ti	лап \$5,000.		The same of the sa
			(a) Event #1 GRAND DAY	(b) Event #2 DRAGON CONCERT	(c) Other events NONE	(d) Total events (add col. (a) through col. (e))
<u>a.</u>			(event type)	(event type)	(total number)	COI. (6))
Revenue	4	Gross receipts	22,050.	22,350.		44,400.
	2	Less: Charitable contributions	20,277.	18,140.		38,417.
ur.wararar.	3	Gross income (line 1 minus line 2)	1,773.	4,210.	alaraniska erikanista ( ) koras erikar erikar erakan erakan erikar erik	5,983.
	4	Cash prizes				
Ses	5	Noncash prizes			- ( ) and	
Direct Expenses	6	Rent/facility costs			hanna ha	the delikandan Paramerikan mada meremana Merekkan melukun mendikka
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	11,359.	6,735.		18,094.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	· · · · · · · · · · · · · · · · · · ·	<b>&gt;&gt;</b>	( 18,094)
- Marie Co	11		n (d), and line 10		<b>»</b>	<12,111.3
	ırt I		answered "Yes" to Form	i 990, Part IV, line 19, or r	eported more than	
******		\$15,000 on Form 990-EZ, line 6a.	open annual community of the second contract of the contract o	And the Post of the Nove of the second		A THE RESERVE OF THE PROPERTY
93			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				- Cingo/prog/occivs sivige		Jose (a) through con (a)
ď	4	Gross revenue				
martinen iz	enarileena	on Marie Marie Port of the Control o	A 1 1 2 - 2 1 1 2 2 - 2 1 1 2 2 2 2 1 1 1 2 2 2 2		A MENNANDA MININGERIA DE MENNANDA MANANDA MENNANDA MENNANDA MENNANDA MENNANDA MENNANDA MENNANDA MENNANDA MENNA	
V)	2	Cash prizes				
PS:		•				
× S	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs	A contract of the contract of	AND COMMENCE OF THE PROPERTY O	21 A Mahada I Bahasan NY NY ARANY NY INDRANGANIANA I NY AMBANY I AMERIKANA AMBANANA AMBANANA NY INDRANGANIANA A	
****		attended to the control of the contr				
	5	Other direct expenses			The state of the s	
	•	Valuataanlahan	Yes %	Yes %	Yes %	
	Ö	Volunteer labor	No.	]( No	L NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	\$1,241\$1114414222444444444444414		<u> </u>
	8	Net gaming income summary. Combine line t	i, column (d), and line 7		<b>&gt;</b>	
	naminum		Manager Committee of the Committee of th			Yes No
9	Ent	er the state(s) in which the organization opera	tes gaming activities:			hancarate anni hancarate namen
a	is t	he organization licensed to operate gaming ac	tivities in each of these	states?		9a
b	ł† "I	No," explain:				
	100.22	851 is leaders do commente and Marian Safety of Safety and commenter and	of betterfields a decrease and advantage accepted W. D. " and decrease accepted and a second acceptance acceptanc			
		re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	ear?	10a
b	if "\	Yes," explain:				
	W&A7800		AVE A	// / /	A	
51	Dos	es the organization operate gaming activities v	with nonmembers?			11
12		es the organization operate garning activities v he organization a grantor, beneficiary or truste		of a partnerable or other		
		minister charitable gaming?				12

### NASHVILLE ACADEMY THEATRE AND NASHVILLE

Schedule G (Form 990 or 990-EZ) 2009 CHILDRENS THEATRE ASSOCIATION	6206	63770		
······································			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:			
Name 🚩	STEED TO CREATE HELD AND STANDERS VAN THE THE TOTAL CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL TO THE CONTROL TO THE CONTROL TO THE CO			
<b></b>				
Address 🟲		- 188		
		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	vne	. 15a		
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and	t the emount			
of gaming revenue retained by the third party 🐎 \$	Tire amount			
c If "Yes," enter name and address of the third party:				
viii ) es, enter name and address of the time party.				
Name ≽				
	and the Hart Control of Control of the Late Control of	10000		
Address 🟲				
16 Gaming manager information:				
Name >		_		
Gaming manager compensation 🦫 💲				
		1000000		
Description of services provided 🦫		- 188		
		-   33		
	Seculionalis many law months and law and the second			
		te s		
Director/officer Employee Independent contractor				
We have a second and the second and the second				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		process.
b Enter the amount of distributions required under state law to be distributed to other exempt organizations		118		
or cardination's own exempt activities during the tay year.	or appeix in the			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Bayenics Saylos

Grants and Other Assistance to Organizations,

CMB No. 1545-0047 5002 <u>ş</u>

X

criteria used to award the grants or assistance?

Employer identification number 62-0637709 Open to Public Inspection Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Attach to Form 990. NASHVILLE ACADEMY THEATRE AND NASHVILLE ASSOCIATION CHILDRENS THEATRE Part i General Information on Grants and Assistance

			سد.								9000
		I space is needed ▶	(h) Purpose of grant or assistance			4				*	**************************************
	fes' to Form 990, Part I	1 (Form 990) if additional space is needed	(g) Description of non-cash assistance					PERSONAL PROGRAMMA AND A MANUAL AND	90% A William A About Photo Photo About 190%		
	anization answered ")	art IV and Schedule F	(f) Method of valuation (book, FMV, appraisal, other)		9875a784-5-05-05-05-05-05-05-05-05-05-05-05-05-0						
d States.	Complete if the org	ian \$5,000. Use P.	(e) Amount of non-cash assistance						**************************************		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e United States. (	It received more th	(d) Amount of cash grant				**************************************				vendions for Earn 680
	Organizations in the	DOX IT no one recipier	(c) RC section if applicable							panizations	coa the instructions
ocedures for monit	Governments and	5,000. Check this	(b) EIN							nd government orc	rtion Ant Motion
Describe in Part IV the organization's pro	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule F1	1 (a) Name and address of organization or government	And the second s				-and the second sec	Archive de la constante de la		Enter total number of other organizations  Lear Drivers Act and Danemork Boduction Act Motive see the Inc.
CV.								l		CV ·	e ∓

# ACADEMY THEATRE AND NASHVILLE NASHVILLE

THEATRE ASSOCIATION CHILDRENS

Schedule [ (Form 990) 2009

Page 2

62-0637709

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part 🔢

(f) Description of non-cash assistance (book, FMV, appraisal, other) COST AND IT GOES UP FROM THERE. THE ORGANIZATION KEEPS RECORDS STANDARDS WHICH TAKE INTO ACCOUNT HOUSEHOLD INCOME AS WELL AS FAMILY **Patt张 Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information. THE ORGANIZATION ASKS FOR TEACHER FEEDBACK WHICH HELPS TO DETERMINE IF THE CHILD SHOULD BE FREE/REDUCED 50% FOR THE 0.2007 (d) Amount of noncash assistance CONSIDERED AGAIN BASED ON BEHAVIOR AND OTHER SIMILAR CRITERIA, 2: ANNUAL AWARDS ARE MADE BASED ON THEY QUALIFY AS WITH ALL CAMPERS, 15,434, (c) Amount of cash grant FAMILY FALLS IN THE REDUCED RANGE, (1) (1) (b) Number of recipients OF AWARDS AND MONITORS ATTENDANCE. (a) Type of grant or assistance LINE <u>.</u> H PART REDUCTION IN rt, ₩. }----{ [izint SCHEDULE SCHOLARSHIP LUNCH SIZE.

Schedule I (Form 990) 2009

#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. OMB No. 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1 Questions Regarding Compensation

Attach to Form 990. See separate instructions.

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

10. Check the appropriate box(ea) if the organization provided any of the following to or for a person lated in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.  First-class or chafter travel  Travel for companions  Payments for business use of personal use  Payments for business use of personal use  Personal services (e.g., maid, chauffeur, cheft)  b if any of the boxes on line 1a are checked, did the organization foliow a written polloy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  b) If any of the boxes on line 1a are checked, did the organization foliow a written polloy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  b) If any of the boxes on line 1a are checked, did the organization foliow a written polloy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  b) If any of the boxes on line 1a are checked, did the organization foliow a written polloy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b		THE		Yes	No
First-claise or charter travel  Travel for companions  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e.g., mald, charifeur, chef)  If any of the boxes on line 1 a are checked, clid the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  If any of the boxes on line 1 a are checked, clid the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  If any of the boxes on line 1 a are checked, clid the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses incurred by all officers, cirectors, trustees, and the CEO/Executive Director, regarding the terms checked in line 1 a?  If indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Compensation survey or study  X Written amployment contract  Independent compensation consultant  Compensation survey or study  X Approval by the board or compensation committee  During the year, clid any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment from, an equity-based compensation arrangement?  4a	ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travet for companions   Payments for business use of personal residence   Tax indemnification and gross-up payments   Peath or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)    b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or refindursement or provision of all of the expenses described above? If "No," complete Part III to explain   1b    b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or refinduresment or provision of all of the expenses described above? If "No," complete Part III to explain   1b    c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustess, and the CEO/Executive Director. Check all that apply.  c Did the organization organization that apply.  c Compensation committee   X Written employment contract   X Compensation committee   X Written employment contract   X Compensation committee   X Compensation		Part VII, Section A, line 1a. Complete Part ill to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel  Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence	1000 0000 1000 0000 1000 00000		
b If any of the boxes on line 1a are checked, did the organization follow a written polloy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Note that the compensation consultant  Ormpensation survey or study  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  4b  X  Participate in, or receive payment from, an equity-based compensation arrangement?  4c  X if "Yes" to any of lines 4arc, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  The organization?  Any related organization?  The organization provide in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  The organization organization also foliow the rebuttable presumption procedure described in Part III.  Were any amounts reporte		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Note that the compensation consultant  Ormpensation survey or study  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  4b  X  Participate in, or receive payment from, an equity-based compensation arrangement?  4c  X if "Yes" to any of lines 4arc, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  The organization?  Any related organization?  The organization provide in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  The organization organization also foliow the rebuttable presumption procedure described in Part III.  Were any amounts reporte					
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Compensation survey or study  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization.  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(e)(3) and 501(e)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  The organization or accrue any compensation contingent on the net examings of:  The organization or accrue any compensation organization organization?  The organization organization?  The organization organization organization organization provid	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  X Porm 990 of other organizations  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If 'Yee' to any of lines 4a-c, list the persons and provide the applicable arrounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 6-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  Any related organization?  If 'Yee' to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  6b		relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEC/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rete armings of:  The organization?  The organization in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yea," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958.4(a)(3)? If "Yea," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursu	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
CEC/Executive Director. Check all that apply.  Compensation committee Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, an equity-based compensation strangement?  4 Participate in, or receive payment from, an equity-based compensation strangement?  4 Participate in, or receive payment from, an equity-based compensation strangement?  6 Participate in, or receive payment from, an equity-based compensation strangement?  7 Por yes* to any of lines 4arc, list the persone and provide the applicable amounts for each item in Part III.  7 Por persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  8 The organization?  8 A X  8 A Y related organization?  9 Part III.  8 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  9 The organization?  9 Part Port 1 Part III.  9 Participate in Part III.  10 Participate in Part III.  11 Participate in Part III.  12 Participate in Part III.  13 Parti		trustees, and the CEO/Executive Director, regarding the Items checked in line 1a?	2		
CEC/Executive Director. Check all that apply.  Compensation committee Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, an equity-based compensation strangement?  4 Participate in, or receive payment from, an equity-based compensation strangement?  4 Participate in, or receive payment from, an equity-based compensation strangement?  6 Participate in, or receive payment from, an equity-based compensation strangement?  7 Por yes* to any of lines 4arc, list the persone and provide the applicable amounts for each item in Part III.  7 Por persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  8 The organization?  8 A X  8 A Y related organization?  9 Part III.  8 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  9 The organization?  9 Part Port 1 Part III.  9 Participate in Part III.  10 Participate in Part III.  11 Participate in Part III.  12 Participate in Part III.  13 Parti					
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Independent compensation consultant    Compensation survey or study   X   Form 990 of other organizations   X   Approval by the board or compensation committee   X   Approval by the board or compensation or a related organization:    Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
Independent compensation consultant    Compensation survey or study   X   Form 990 of other organizations   X   Approval by the board or compensation committee   X   Approval by the board or compensation or a related organization:    Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Compensation committee X Written employment contract			
A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  db X  f 'Yes' to any of lines 4a-c, list the persons and provide the applicable arrounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 If 'Yes' to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in		Independent compensation consultant Compensation survey or study			
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4arc, list the persons and provide the applicable arrounts for each item in Part III.  Conly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a					
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Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a X  b Any related organization?  5b X  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  b Any related organization?  6b X  if "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			4c		X
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contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  for persons listed organization?  for persons listed organization?  for persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 X  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  6b X  if "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			0000 0000 0000 0000 0000 0000 0000 0000		
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  if "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  It "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ð	The organization?	5a		X
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b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		contingent on the net earnings of:			
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		initial contract exception described in Regs. section 53.4958-4(a)(3)? if "Yes," describe in Part III	8	17000Ada	X
Regulations section 53.4958-6(c)?	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
		Regulations section 53.4958-6(c)?	9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2009

THEATRE ASSOCIATION CHILDRENS

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 62-0637709 Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(∯-{iii}) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

	$\vdash$	(B) Breakdown of 1	(B) Breakdown of W2 and/or 1099-MISC compensation	C compensation	5	Q	9	Œ
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Schedule J (Form 990) 2009

#### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

2009

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Den to Public Inspection

Name of the Organization

See the Instructions for Form 990.

NASHVILLE ACADEMY THEATRE AND NASHVILLE
CHILDRENS THEATRE ASSOCIATION

Employer Identification number 62-0637709

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SAM STUMPF										
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BYRON TRAUGER										
BOARD OF DIRECTORS	1.00	X					ļ.,	0.	0.	0.
TODD PRESNELL										
VICE-CHAIR	1.00	X		X				0.	0.	0.
MONICA PLYNN-URNESS										
BOARD OF DIRECTORS	1.00	X				ļ		0.	. 0	0.
SCOT E. COPELAND									_	
PRODUCING DIRECTOR	40.00		PP-IIA VAL	X		L		63,142.	0.	9,839.
KATHRYN COPELAND	40.00									_
MANAGING DIRECTOR	40.00	ļ	ļ	X		L		0.	0.	0.
ALLISON DILLON	0 00							01 055		
FORMER MANAGING DIRECTOR	0.00						Х	31,855.	O .	3,286.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. GMB No. 1945-0047

Inspection

Name of the organization NASHVILLE ACADEMY THEATRE AND NASHVILLE

Employer identification number

Part I Excess Benefit				RE ASSOCIA!		4) organizatio	ns only).		2-06	03//0	! <del>'</del>		
Complete if the orga  1 (a) Name of dis	on Form 990, Part IV	990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Description of transaction						(c) Corrected?					
(a) haile of old		(b) Description of transaction						Yes	No				
	200-22-6 (27-4) 27-4 (4-12-4)	MANAGER AND STAFF FRANCE	***************************************								A-200 V-2004 - 700 A-2	THE PERSON AND SPECIAL	
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2 Enter the amount of tax impo	sed on the	organiza	tion n	nanagers or disquali	fied perso	ons during the	year un	der					
section 4958  3 Enter the amount of tax, if ar				ursed by the organiz						APPLICATION PARTIES AND	2 WAALANG 24 LAAGAAA	······································	
Part II Loans to and/or							***************************************		TI SANISA TIMITAMI WATERANA	LIVERT PLANTE PLANTE PAR	THE PROPERTY OF THE PROPERTY O	***************************************	
Complete if the orga (a) Name of interested person and purpose	nization answ (b) Loan the orga	to or froi	m	on Form 990, Part IV (c) Original principal amount		line 26, or Form 990-E (d) Balance due		/, line 38 ) In ault?	38a. (1) Approved by board or committee?		(g) Written agreement?		
dh Nhah An	To	Fron	n					No	Yes	No	Yes	No	
OPTISTISTETUSTIS TIVETYSTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTETTISTE				1987-1988 A. J. 1197 J. A. A J. A								A	
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rotal Part III   Grants or Assis	tance Ber	refiting	a Int	terested Persor									
Complete if the orga	nization aosy		es" c	on Form 990, Part IV	, line 27.						wierr-wwioland blus	rene alle in Angles (et l	
(a) Name of interested person			(	(b) Relationship between interested person and the organization					(c) Amount and type of assistance				
and the state of t	had of the delicated that the through the company of the company o	·			No. 100 and a few hards a few hards and a few hards a few hards a few hards and a few hards a few					PROPERTY AND COMES TO STATE THE	MATERIAL PROPERTY OF THE PROPE	***************************************	
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Part IV Business Trans													
per			on Form 990, Part IV, line 28a, 28b, or 28c.  elationship between interested (c) Amount erson and the organization transactio				(d) Description of transaction			(e) Sharing of organization's revenues?			
										No.			
CAMMY JOHNSON		I	MME	EDIATE PAST	CHA:	I	0	.TAM	MY I	s A		Х	
	# II *** . PSI**********************				N. 200. 2200. N. 100. 100. 100. 100. 100. 100. 100						/100 Y . /200 . / / \delicary . (10.)	***************************************	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Tressury
Internal Revenus Service
Name of the organization

932211 02-03-10 NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

Schedule O (Form 990) 2009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMPELLING VOICE TO THE CREATION OF MEANINGFUL THEATRE FOR NASHVILLE
AND MIDDLE TENNESSEE AUDIENCES. WE STRIVE TO MAKE THE IMAGINATIVE
CELEBRATION OF OUR HOPES, STRUGGLES AND JOYS A VITAL PART OF THE SHARED
EXPERIENCE FOR YOUNG PEOPLE, FAMILIES AND OUR COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JOYS A VITAL PART OF THE SHARED EXPERIENCE FOR YOUNG PEOPLE, FAMILIES
AND OUR COMMUNITY.
THORN OOD TAKE OF ONE ON A TIME OF THE COMMISSION ACCOUNTER
FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES RARELY ACT ON BEHALF
OF THE BOARD, THEY JUST BRING ITEMS TO THE BOARD FOR VOTE.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE EMAILED TO THE
BOARD PRESIDENT, TREASURER, AND MEMBERS OF THE FINANCE COMMITTEE. THEY
WILL REVIEW AND APPROVE ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF KEY STAFF IS
DETERMINED BY THE BOARD OF TRUSTESS UPON CONSIDERATION OF MULTIPLE FACTORS,
INCLUDING YEARS OF EXPERIENCE, JOB PEROFRMANCE, MARKET FACTORS, AND BUDGET
CONSTRAINTS.
FORM 990, PART VI, SECTION C, LINE 19: NCT POSTS ITS ANNUAL FINANCIAL
STATEMENTS AND TAX RETURNS ON THE GIVING MATTERS WEBSITE. THEY ARE ALSO
AVAILABLE BY REQUEST. THE GOVERNING DOCUMENTS ARE MADE AVAILABLE AS NEEDED
TO PERSONS RELATED TO THE ORGANIZATION.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

OMB No. 1545-0047

Open to Public Department of the Treasury Inspection Internal Revenue Service NASHVILLE ACADEMY THEATRE AND NASHVILLE Name of the organization Employer identification number CHILDRENS THEATRE ASSOCIATION 62-0637709 SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAMMY JOHNSON RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS AMOUNT OF TRANSACTION \$ 0. DESCRIPTION OF TRANSACTION: TAMMY IS A SR. VICE PRESIDENT AT REGIONS. THE THEATRE HOLDS A MONEY MARKET ACCOUNT WITH REGIONS. SHARING OF ORGANIZATION REVENUES? = NO