Form 990-EZ

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

_		e 2008 calendar year, or tax year beginning JUL 1, 2008	and en	ding JU			2009
В	Check if applicab	le: [Plasse C Hante of Organization			D Empl	loyer i	dentification number
		Midness use IRS Actors Bridge Ensemble Theater of					
	Hame chang	Nashville, TN	2-1	734411			
	Initial		E Telep	Telephone number			
	Term	n- Specific 1312 Adams Street	61	L5-	341-0300		
	Amer	ded tions City or town, state or country, and ZIP + 4	•		F Grou	ıp Exe	mption
	Applic	Nashville, TN 37208				ber 🕨	· ·
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a co	ompleted	G Accour	nting me	thod:	Cash X Accrual
		Schedule A (Form 990 or 990-EZ).	•		specify)		
π	Websi	e: ▶ www.actorsbridge.org					he organization is not
J	Organi	zation type (check only one)— X 501(c) (3) ◀ (insert no.)	52	7 required to	attach	Sched	lule B (form 990, 990-EZ, or 990-PF).
K	Check	if the organization is not a section 509(a)(3) supporting organization and its gross					
		d, but if the organization chooses to file a return, be sure to file a complete return.	•	-		•	•
_	_	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990	instead of F	orm 990-EZ.		► \$	99,008.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba					rt I.)
_	1	Contributions, gifts, grants, and similar amounts received				1	60,035.
	2	Program service revenue including government fees and contracts			····	2	38,971.
	3	Membership dues and assessments				3	·
	4	Investment income				4	2.
	5a	Gross amount from sale of assets other than inventory5a	a				
	Ь	Less; cost or other basis and sales expenses 5b					
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attact	h schedule)	'		5c	
9	6	Special events and activities (complete applicable parts of Schedule G). If any amount is fro				-	
Ē	a	Gross revenue (not including \$ of contributions					
Revenue		reported on line 1) 68	. I				
_	l b	Less: direct expenses other than fundraising expenses 6t				l	
	ء ا	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	
	7a	Gross sales of inventory, less returns and allowances		• • • • • • • • • • • • • • • • • • • •	·····- -		
	Ь	Less; cost of goods sold 7t					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	- 1			7c	
	8	Other revenue (describe	*************	• • • • • • • • • • • • • • • • • • • •	·····;	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			┰╵┟	9	99,008.
	10	Grants and similar amounts paid (attach schedule)				10	99,000.
	11	Benefits paid to or for members	•••••••••	• • • • • • • • • • • • • • • • • • • •	·····	11	
s	12	Salaries, other compensation, and employee benefits	······	12	41,951.		
Expenses	13	Professional fees and other payments to independent contractors	·····	13	5,086.		
<u>ā</u>	14						4,400.
ŵ	15					14 15	2,811.
	16	16 Other expenses (describe ► See Statement 1)				16	45,547.
	17	Total expenses. Add lines 10 through 16			▔▞▐	17	99,795.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	***************************************	• • • • • • • • • • • • • • • • • • • •		18	-787.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	***************	••••••	······		7071
ASS		(must agree with end-of-year figure reported on prior year's return)				19	46,704.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	•••••••	• • • • • • • • • • • • • • • • • • • •	······ -	20	20,1021
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	45,917.
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	, file Form 9	90 instead of	Form 99	90-EZ.	33,311
_		(See the instructions for Part II.)) Beginning o		T	(B) End of year
22	Cas	h, savings, and investments	<u> </u>		682	. 22	25,522.
23	Lan	d and buildings		==-/		23	
24	Oth	er assets (describe ▶See Statement 2	:";	24.	037		29,693.
25		al assets	-′		$\frac{719}{719}$		55,215.
26	Tot	af Habilitles (describe ► See Statement 3			015		9,298.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			704		45,917.
832 12-	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.				Form 990-F7 (2008)

Form **990-EZ** (2008)

832172 12-17-08

	Did the appropriation appropriate and a state of the stat		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	1		l
_	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			l
4	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	l	1	
	tax requirements?	35a	1	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	_
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
3/ a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	4		i
20.0	Did the organization file Form 1120-POL for this year?	37b		X
304	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section FO1(AV7) according to Fo1(.		l
39	(),) · · · · · · · · · · · · · · · · ·	i '		
a L	Initiation fees and capital contributions included on line 9 39a N/A	4 '		
40.	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
404	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 D O : ; section 4912 D O : ; section 4955 D O :	1	1	
U	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	405		X
٠	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	***************************************			
۵	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	1. N. A.M			
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. > TN	40e		X
			200	_
72.0	100photo 10.5			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	720	<u>8</u>	
Ī	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		•
	account)?		Yes	
	If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40-		V.
	If "Yes," enter the name of the foreign country:	_42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and animaline assessment of the second at the second at the second according to the second according t	NT / 7		
	45	N/A		
		ł	Vee	M-
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	$\overline{}$	Yes	NO
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44		Λ
	completed instead of Form 990-EZ	45		X
		1 <u>45</u> Form 9	00-E7 /	
		ווווט ו	9U-EL	ZUUA)

Actors Bridge Ensemble Theater of Nashville, TN 501(c)(3) organizations only. All section 501(c)(3) organizations

Form 990-E	Actors Bridge Ensemble in E2 (2008) Nashville, TN	leater or		62-173	4411	Page 4
Part V		501(c)(3) organizations	must answer que			
	tables for lines 50 and 51.		••••			
46 Did th	ne organization engage in direct or indirect political campaign activities or	n behalf of or in opposition	to candidates for p	public		Yes No
office	? If "Yes," complete Schedule C, Part I		***************************************	• • • • • • • • • • • • • • • • • • • •	46	X
47 Did th	ne organization engage in lobbying activities? If "Yes," complete Sche	dule C, Part II		• • • • • • • • • • • • • • • • • • • •	47	X
	eorganization operating a school as described in section 170(b)(1)(A)(ii)					X
49a Did ti	ne organization make any transfers to an exempt non-charitable related or	rganization?	•••••		49a	X
b If Ye	s," was the related organization(s) a section 527 organization?				49b	<u> </u>
	plete this table for the five highest compensated employees (other than of ompensation from the organization. If there is none, enter "None."	nicers, directors, trustees	and key employees) wno each received	more tha	an \$100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average ho per week devoted to position		ation (D) Contribution to employee benefit plans deferred compensation	e (l & ac othe	E) Expense ccount and er allowances
					\perp	
						<u> </u>
		100			_	
51 Comp	per of other employees paid over \$100,000	who each received more t	han \$100,000 of co	ompensation from th	 e organia	zation. If there
	(a) Name and address of each independent contractor paid more the	nan \$100.000	(b) Type	of service	(e) Com	pensation
			1		(0) 00	, , , , , , , , , , , , , , , , , , ,
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			-	ł		
Total numb	er of other independent contractors each receiving over \$100,000		>			
Sign Here	Under penalties offertury, I distance that I have examined this return, including accorded, and damplete Declaration of preparer (other than officer) is based on all in	mulanying schedules and state or fation of which of cparer has	ements, and to the bes any knowledge.	st of my knowledge and l	olief, it is	truo,
	Type or print name and title.					
Paid	Preparer's signature	Date	Check if self-	<u> </u>		
Preparer's			employed	Preparer's Identifying	Number (See instr.)
Use Only	Rim's name for yours Tucker & Tucker, PLLC			EIN ►		
	if self-employed). 216 Centerview Dr., Sui	te 234	<u> </u>	Phone		
	address, and ZIP+4 Brentwood, TN 37027			no. 615-8	346-	2238
May the IR	S discuss this return with the preparer shown above? See instructions				Ye	
					Form 9	90-EZ (2008)

SCHEDULE A

Public Charity Status and Public Support (Form 990 or 990-EZ)

Nashville, TN

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Actors Bridge Ensemble Theater of

Employer identification number 62-1734411

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). (Attach Schedule H.) 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.) 6 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 II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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. b Type II c Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) 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 organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (vi) Is the organization in col. (I) organized in the U.S.? (II) EIN (vil) Amount of organization n col. (i) listed in your organization organization in col. (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Total

Schedule A (Form 990 or 990-EZ) 2008						Page 2
Part II Support Schedule for (Complete only if you checke			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(i	vi)
Section A. Public Support		5, 7, 61 6 61 1 arc 1.,				
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(1) 200 ((5)2555	(0,2000	(-,	(0)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				ļ	ļ	
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			_			
4 Total. Add lines 1 - 3						
5 The portion of total contributions						
by each person (other than a						į
governmental unit or publicly						
supported organization) included						1
on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.			-			<u> </u>
Section B. Total Support		<u> </u>	- 12	·		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,			`			1
dividends, payments received on]
securities loans, rents, royalties	ł	14.5				
and income from similar sources						
9 Net income from unrelated business		}		1	ļ	
activities, whether or not the						
business is regularly carried on						_
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)		 		<u> </u>	-	
11 Total support. Add lines 7 through 10		<u> </u>			l	
12 Gross receipts from related activities	, etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is fo						. —
organization, check this box and sto Section C. Computation of Pub	ic Support Pe	ercentage			•••••	<u></u>
14 Public support percentage for 2008 (olumn (fl)		14	%
15 Public support percentage from 2007	Schedule A. Par	t IV·A. line 26f		•••••••••		%
16a 33 1/3% support test - 2008. If the	organization did n	ot check the box on	line 13, and line	14 is 33 1/3% or	more, check this be	
stop here. The organization qualifies						
b 33 1/3% support test - 2007. If the						
and stop here. The organization qua						
17a 10% -facts-and-circumstances tes	t - 2008. If the or	ganization did not cl	heck a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more.

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ______

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (e) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 79,487 60,174 57,651 50,135 60,035. 307,482. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 28,426. 65,110 39,643 42,195. 38,971. 214,345. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 107,913. 125,284 97,294 92,330. 99,006. 521,827. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 196 of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Sebtract fine 7c from fine 6.) 521,827. Section B. Total Support (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 107,913 125,284 97,294 92,330 99.006. 521,827. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 13. 29 38 12 2 and income from similar sources 94. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b <u> 13.</u> 29. 38. 94. 12. 2. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 521,921. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 99.98 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 99.98 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .02 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 .02 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ______ b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Form 990-EZ	Other Expenses		Statement :
Description			Amount
Advertising			1,409
ALAG Expenses			6,306
Contract Labor			450
Miscellaneous Insurance			241
Interest Expense			635 697
Licenses and Permits			225
Office Supplies			543
Production Costs			27,297
Storage			1,630
Travel Utilities			385
Research & Development			3,892
Business Management Fees			25. 800.
Depreciation			1,012
Total to Form 990-EZ, line 16			45,547
Form 990-EZ	Other Assets		Statement 2
	Other Assets	Beg. of Year	
Description Accounts Receivable	Other Assets	Beg. of Year	Statement 2
Description Accounts Receivable Prepaid Expenses	Other Assets	18,650. 2,857.	End of Year 26,747 1,428
Description Accounts Receivable Prepaid Expenses	Other Assets	18,650.	Statement 2 End of Year
Form 990-EZ Description Accounts Receivable Prepaid Expenses Other Depreciable Assets Total to Form 990-EZ, line 24	Other Assets	18,650. 2,857.	End of Year 26,747 1,428
Description Accounts Receivable Prepaid Expenses Other Depreciable Assets Total to Form 990-EZ, line 24		18,650. 2,857. 2,530.	End of Year 26,747 1,428 1,518
Description Accounts Receivable Prepaid Expenses Other Depreciable Assets	Other Assets Other Liabilities	18,650. 2,857. 2,530.	End of Year 26,747 1,428 1,518
Description Accounts Receivable Prepaid Expenses Other Depreciable Assets Total to Form 990-EZ, line 24 Form 990-EZ		18,650. 2,857. 2,530.	End of Year 26,747 1,428 1,518 29,693
Description Accounts Receivable Prepaid Expenses Other Depreciable Assets Total to Form 990-EZ, line 24 Form 990-EZ Description Accounts Payables		18,650. 2,857. 2,530. 24,037.	End of Year 26,747 1,428 1,518 29,693
Description Accounts Receivable Prepaid Expenses Other Depreciable Assets Total to Form 990-EZ, line 24 Form 990-EZ		18,650. 2,857. 2,530. 24,037. Beg. of Year	End of Year 26,747 1,428 1,518 29,693 Statement End of Year

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		St	ater	nent	4
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. []	Yes	[X]	No

Mike Eldred, 80 Concord Park West,

Tracy Gershon, 5657 Hickory Springs

Marcus Hummon, 2902 Overlook Drive, Nashville, TN 37212

Tracy Hackney, 209 Cheltenham

Nashville, TN 37205

Pierre Johnson

Shelbyville, TN

Road, Nashville, TN 37027

Avenue, Franklin, TN 37064

Form 990-EZ Part IV - List of Trustees and		ectors,	State	ment 5
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
William F Feehely, 918 Fatherland Street, Nashville, TN 37206	Founding Art	istic Direct	0.	0.
Vali Forrister, 1718 Green Hills Drive, Nashville, TN 37215	Producing Art	tistic Direc 28,800.		0.
Deirdre Kerr , 2909 Poston Avenue, Nashville, TN 37203	President 4.00	0.	0.	0.
Rachel Agee 308 Seneca Drive, Nashville, TN 37214	Secretary 2.00	0.	0.	0.
David Gamble, 405 South 17th Street, Nashville, TN 37206	Tresurer 2.00	0.	0.	0.
Jane Alvis, 305 Fairfax Avenue, Nashville, TN 37212	Director 1.00	0.	0.	0.
Robin Andrews, 1807 Tyne Boulevard, Nashville, TN 37215	Director 1.00	0.	0.	0.
Matthew Cushing P.O. Box 101083, Nashville, TN 37224	Director 1.00	0.	0.	0.
Dana Delworth, 4600 Camellia Place, Nashville, TN 37216	Director	0.	0.	0.

Director

Director

Director

Director 1.00

Director

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Actors Bridge Ensemble Theater of No	ashvi		62-17	34411
Alice Kelly 4206 Utah Avenue, Nashville, TN 37209	Director	0.	0.	0.
and dum monde, manifester, in diagram	2100		•	•
Mark Marshall, 8509 Newsom Station	Director	_		
Road, Nashville, TN 37221	1.00	0.	0.	0.
Stephen McRedmond, 1312 Adams	Director			
Street, Nashville, TN 37208	1.00	0.	0.	0.
Tonya Micah	Director			
4105 Creekwood N, Nashville, TN 37218		0.	0.	0.
Claire Mullally	Director			
4109 Utah Avenue, Nashville, TN 37209	1.00	0.	0.	0.
Lynne Shaw, 408 Fairfax Avenue,	Director			
Nashville, TN 37212	1.00	0.	0.	0.
Charles Strobel	Director			
1212 7th Avenue, Nashville, TN 37208	1.00	0.	0.	0.
Paul Walwyn, 601 West Due West	Director			
Avenue, Madison , TN 37115	1.00	0.	0.	0.
Elaine Wood, 3723 Princeton Avenue,	Director			
Nashville, TN 37205	1.00	0.	0.	0.
Totals Included on Form 990-EZ, Part	IV	32,800.	0.	0.

990-EZ Pg 2 Statement 6

To provide actor training and theatrical performances to the general public.