## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

JUNE 30, 2009

| Prepared for                                       | NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION 25 MIDDLETON STREET NASHVILLE, TN 37210 |
|--|---|
| Prepared by  | KRAFTCPAS PLLC<br>555 GREAT CIRCLE ROAD<br>NASHVILLE, TN 37228  |
| Amount due or refund                               | NOT APPLICABLE  |
| Make check payable to                              | NOT APPLICABLE  |
| Mail tax return<br>and check (if<br>applicable) to | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027                               |
| Return must be mailed on or before                 | MAY 17, 2010  |
| Special<br>Instructions                            | THE RETURN SHOULD BE SIGNED AND DATED.  |

**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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| AI   | For the                    | e 2008 calendar year, or tax year beginning $\mathrm{JUL}1,2008$  | ding J                   | UN 30, 2009                      |                                     |  |  |  |  |
|--|----------------------------|---|--------------------------|----------------------------------|-------------------------------------|--|--|--|--|
| В  | Check if applicable        | Please use IRS NASHVILLE ACADEMY THEATRE AND NASHVIL  | J.E                      | D Employer identifie             | cation number                       |  |  |  |  |
| X  | Addre                      |   |                          |                                  | 0                                   |  |  |  |  |
|  | Name<br>chang              | type  |                          | 62-0                             | 637709                              |  |  |  |  |
| F  | Initial<br>return<br>Termi | Coocific  | om/suite                 | E Telephone number (615)254-9103 |                                     |  |  |  |  |
|  | ation<br>Amen              | ded tions. Cit  |                          | G Gross receipts \$              | 1,205,814.                          |  |  |  |  |
| F  | return<br>Applic<br>tion   |   |                          | H(a) Is this a group re          |                                     |  |  |  |  |
|  | pendi                      |   |                          | for affiliates?                  | Yes X No                            |  |  |  |  |
|  |                            | SAME AS C ABOVE   |                          | H(b) Are all affiliates inc      |                                     |  |  |  |  |
| 1.3  | Tax-ex                     | empt status: X 501(c) ( 3   |                          |                                  | list. (see instructions)            |  |  |  |  |
|  |                            | te: WWW.NASHVILLECHILDRENSTHEATRE.ORG   |                          | H(c) Group exemption             |                                     |  |  |  |  |
|  |                            | organization: X Corporation Trust Association Other   | L Year                   |                                  | State of legal domicile: TN         |  |  |  |  |
|  |                            | Summary   | _ rour                   | i ioimacioni.                    | outo or logar dormono.              |  |  |  |  |
| -  |                            | Briefly describe the organization's mission or most significant activities: NASHVI  | LLE                      | CHILDREN'S                       | THEATRE IS                          |  |  |  |  |
| Activities & Governance  |                            | AN ENSEMBLE OF PROFESSIONAL ARTISTS WHO BR  |                          |                                  |                                     |  |  |  |  |
| rna  | 2                          | Check this box  if the organization discontinued its operations or disposed   |                          |                                  | Chronic policy and the second       |  |  |  |  |
| ove  | 3                          | Number of voting members of the governing body (Part VI, line 1a)   | 7.1.70% I.M.             | 3                                | 27                                  |  |  |  |  |
| Ğ  | 4                          | Number of independent voting members of the governing body (Part VI, line 1b)   |                          |                                  | 27                                  |  |  |  |  |
| 80   |                            | Total number of employees (Part V, line 2a)   |                          |                                  | 95                                  |  |  |  |  |
| įį   | 6                          | Total number of volunteers (estimate if necessary)  |                          | 6                                | 45                                  |  |  |  |  |
| cti  |                            | Total gross unrelated business revenue from Part VIII, line 12, column (C)  |                          |                                  | 0.                                  |  |  |  |  |
| Ø  |                            | Net unrelated business taxable income from Form 990-T, line 34  |                          |                                  | 0.                                  |  |  |  |  |
|  |                            | ×   |                          | Prior Year                       | Current Year                        |  |  |  |  |
| Revenue  | 8                          | Contributions and grants (Part VIII, line 1h)   |                          | 3,252,000.                       | 514,677.                            |  |  |  |  |
|  |                            | Program service revenue (Part VIII, line 2g)  |                          | 639,305.                         | 656,338.                            |  |  |  |  |
|  | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                          | 2,194.                           | 2,532.                              |  |  |  |  |
| Œ  |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                          | 30,070.                          | 11,381.                             |  |  |  |  |
|  |                            | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                          | 3,923,569.                       | 1,184,928.                          |  |  |  |  |
|  | 13                         | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                          | 6,273.                           | 6,488.                              |  |  |  |  |
|  |                            | Benefits paid to or for members (Part IX, column (A), line 4)   |                          |                                  |                                     |  |  |  |  |
| 9  | 15                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                          | 836,305.                         | 931,759.                            |  |  |  |  |
| Expenses   | 16a                        | Professional fundraising fees (Part IX, column (A), line 11e)   |                          |                                  |                                     |  |  |  |  |
| xpe  | b                          | Total fundraising expenses (Part IX, column (D), line 25)   68,108  |                          |                                  |                                     |  |  |  |  |
| Ш  | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  |                          | 692,741.                         | 738,062.                            |  |  |  |  |
|  | 18                         | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                          | 1,535,319.                       | 1,676,309.                          |  |  |  |  |
|  | 19                         | Revenue less expenses. Subtract line 18 from line 12  |                          | 2,388,250.                       | <491,381.>                          |  |  |  |  |
| Net Assets or  |                            |   | I                        | Beginning of Year                | End of Year                         |  |  |  |  |
| set  | 20                         | Total assets (Part X, line 16)  |                          | 7,502,488.                       | 6,182,333.                          |  |  |  |  |
| t As   | 21                         | Total liabilities (Part X, line 26)   |                          | 1,494,503.                       | 731,991.                            |  |  |  |  |
| 2  | 22                         | Net assets or fund balances. Subtract line 21 from line 20  |                          | 6,007,985.                       | 5,450,342.                          |  |  |  |  |
| Pa   | art II                     | Signature Block   |                          |                                  |                                     |  |  |  |  |
|  |                            | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta<br>and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki | atements, a<br>mowledge. | nd to the best of my knowledg    | ge and belief, it is true, correct, |  |  |  |  |
|  |                            |   |                          | î                                |                                     |  |  |  |  |
| Sig  | n                          | Oi  |                          |                                  |                                     |  |  |  |  |
| Her  | e                          | Signature of officer  |                          | Date                             |                                     |  |  |  |  |
|  |                            | CHRIS W. GREEN, BOARD CHAIR   |                          |                                  |                                     |  |  |  |  |
|  |                            | Type or print name and title  | I Cho                    | ale if                           | -1-14M-1                            |  |  |  |  |
| Paid Preparer's Check if Self- |                            |   |                          |                                  |                                     |  |  |  |  |
| -  | parer's                    | signature 2.D. Junium 03/10/  | T O emp                  |                                  |                                     |  |  |  |  |
|  | Only                       | vours if KKALICEAS FILES  |                          | EIN >                            |                                     |  |  |  |  |
|  |                            | self-employed), address, and  |                          |                                  | (15)040 5054                        |  |  |  |  |
| _  |                            | ZIP+4 NASHVILLE, TN 37228   |                          | Phone no. ► (                    | 615)242-7351                        |  |  |  |  |
| Ma   | y the II                   | RS discuss this return with the preparer shown above? (see instructions)  |                          |                                  | X Yes No                            |  |  |  |  |

| Pa  | rt III Statement of Program Service Accomplishments (see instructions)   |
|-----|--|
| 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?                           |
|     | If "Yes", describe these changes on Schedule O.  |
| 4   | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.                    |
| - T | 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.                                     |
|     | allocations to others, the total expenses, and revenue, if any, for each program service reported.                                     |
| 4a  | (Code: ) (Expenses \$ 1,149,954. including grants of \$ ) (Revenue \$ 504,445.)  |
| Tu  | PERFORMANCE SERIES - NCT'S SCHOOL PERFORMANCE SERIES IS A MULTI-LAYERED  |
|     | PROFESSIONAL THEATRE PROGRAM THAT FOCUSES SPECIFICALLY ON SERVING  |
|     | STUDENTS FROM MIDDLE TENNESSEE AND SOUTHERN KENTUCKY SCHOOLS. THE  |
|     | 2008-09 SEASON SPANNED 36 WEEKS AND FEATURED 137 SCHOOL PERFORMANCES TO  |
|     | 53,000 SCHOOL CHILDREN. APPROXIMATELY 241 SCHOOLS IN MIDDLE TENNESSEE  |
|     | AND SOUTHERN KENTUCKY PARTICIPATED IN THE THEATRE'S FY09 SCHOOL  |
|     | PERFORMANCE SERIES. NCT ALSO OFFERS PROFESSIONAL THEATRE PERFORMANCES  |
|     | FOR FAMILY AUDIENCES THROUGHOUT MIDDLE TENNESSEE AND SOUTHERN KENTUCKY   |
|     | AS A PART OF ITS WEEKEND FAMILY PERFORMANCE SERIES. THESE ACCLAIMED  |
|     | PERFORMANCES PROVIDE THOUGHT PROVOKING ENTERTAINMENT THAT IS DESIGNED  |
|     |  |
|     | TO ENGAGE BOTH KIDS AND ADULTS FOR A MODEST ADMISSION PRICE. IN FY09, NCT SERVE 13,466 THEATREGOERS THROUGH 58 PUBLIC PERFORMANCES.    |
| 41- |  |
| 4b  | (Code: ) (Expenses \$ 345,936 · including grants of \$ ) (Revenue \$ 166,170 · )   |
|     | 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. NCT'S 2008 AND 2009 SUMMER CAMPS FOR  |
|     | CHILDREN AGES 3 TO 18 OPERATE AT FULL CAPACITY, AND OVER 700 YOUNG   |
|     | PEOPLE PARTICIPATED IN THESE PROGRAMS DURING THE SUMMER OF 2009.   |
|     | ALTOGETHER, NCT'S YEAR-ROUND THEATRE CLASSES AND DRAMA PROGRAMS SERVED   |
|     | 6,950 CHILDREN IN FY09.  |
|     |  |
|     |  |
|     |  |
| 4c  | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     | 4  |
|     |  |
|     |  |
|     |  |
| 4d  | Other program services. (Describe in Schedule O.)  |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e  | Total program service expenses ▶ \$ 1,495,890. (Must equal Part IX, Line 25, column (B).)  |
|     | Form <b>990</b> (2008)   |

Form 990 (2008) Part IV Checklist of Required Schedules

|    | TO THE PARTY OF TH |     | Yes | No |
|----|--|-----|-----|----|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |    |
|    | If "Yes," complete Schedule A  | 1   | X   |    |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Х   |    |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |    |
|    | public office? If "Yes," complete Schedule C, Part I   | 3   |     | X  |
| 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 accounts where donors have the right to provide advice  |     |     |    |
|    | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | 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   |     | Х  |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     |    |
|    | Schedule D, Part III   | 8   |     | 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  |     |     |    |
|    | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |     | X  |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | X  |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?  |     |     |    |
|    | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   | 11  | Х   |    |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was   |     |     |    |
|    | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  | X   | 37 |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | X  |
|    | Did the organization maintain an office, employees, or agents outside of the U.S.?   | 14a |     | Х  |
| D  | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 441 |     | х  |
| 45 | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I   | 14b |     | Δ. |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity  |     |     | Х  |
| 16 | located outside the United States? If "Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals  | 15  |     | Λ  |
| 10 | located outside the United States? If "Yes," complete Schedule F, Part III   | 16  |     | Х  |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I   | 17  |     | X  |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | Х   |    |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | Х  |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  |     | X  |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | X  |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Х   |    |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J  | 23  |     | Х  |
|    | 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 questions 24b-24d and complete Schedule K.   |     |     |    |
|    | If "No", go to question 25   | 24a |     | Х  |
| b  | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
|    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |     |     |    |
|    | any tax-exempt bonds?  | 24c |     |    |
| d  | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |    |
|    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   |     |     |    |
|    | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | X  |
| b  | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a   |     |     |    |
|    | prior year? If "Yes," complete Schedule L, Part I  | 25b |     | X  |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified   |     |     |    |
|    | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26  | L   | X  |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial  |     |     |    |
|    | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III   | 27  |     | X  |

Form **990** (2008)

### Part IV | Checklist of Required Schedules (continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                  |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an  |     |     |    |
|    | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other |     |     |    |
|    | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV   | 28a |     | X  |
| b  | Have a family member who had a direct or indirect business relationship with the organization?                               |     |     |    |
|    | If "Yes," complete Schedule L, Part IV   | 28b |     | X  |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional    |     |     |    |
|    | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV                                    | 28c | X   |    |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                     | 29  |     | Х  |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |    |
|    | contributions? If "Yes," complete Schedule M   | 30  |     | X  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |     |    |
|    | If "Yes," complete Schedule N, Part I  | 31  |     | X  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete             |     |     |    |
|    | Schedule N, Part II  | 32  |     | X  |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                   |     |     |    |
|    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | X  |
| 34 | Was the organization related to any tax-exempt or taxable entity?  |     |     |    |
|    | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |     | X  |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                    |     |     |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 35  |     | X  |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |     |     |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | X  |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization             |     |     |    |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                 | 37  |     | Х  |

Form **990** (2008)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

|         |  |          | 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 10   |          |     |       |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |          |     |       |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |     |       |
|         | (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 95  |          |     |       |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | X   |       |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   |          |     |       |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | За       | X   |       |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b       | X   |       |
| 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:   |          |     |       |
|         | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and  |          |     |       |
|         | Financial Accounts.  |          |     |       |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | X     |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | X     |
| С       | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  |          |     |       |
|         | Tax Shelter Transaction?   | 5с       |     |       |
|         | Did the 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 contributions or gifts   |          |     |       |
|         | were not tax deductible?   | 6b       |     |       |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |     |       |
| а       | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  | 7a       |     | X     |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |       |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |     | 77    |
|         | to file Form 8282?   | 7c       |     | X     |
|         | If "Yes," indicate the number of Forms 8282 filed during the year  |          |     |       |
| е       | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  | 720      |     | 37    |
|         | benefit contract?  | 7e       | _   | X     |
| Ť       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       | -   | X     |
| g       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       | -   | X     |
| -       | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7h       |     |       |
| 8       | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)   |          |     |       |
|         | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have   | •        |     |       |
| 0       | excess business holdings at any time during the year?  | 8        |     | 7     |
| 9       | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  | 0-       |     |       |
| a       | Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  | 9a<br>9b |     |       |
| b<br>10 | Section 501(c)(7) organizations. Enter: N/A  | อม       |     |       |
|         | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |       |
| a       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |     |       |
| 11      | Section 501(c)(12) organizations. Enter: N/A   |          |     |       |
|         | Gross income from members or shareholders 11a  |          |     |       |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |     |       |
| ט       | Total Andrew State of the Control of |          | 710 | 177   |
| 122     | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |       |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 1£a      | 7   |       |
| D       | 129 cites the amount of tax exempt interest received of accided during the year  | F        | 000 | 0000) |

62-0637709

Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management  |         |        |          |
|-----|--|---------|--------|----------|
|     |  |         | Yes    | No       |
|     | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,         |         |        |          |
|     | processes, or changes in Schedule O. See instructions.   |         |        |          |
| 1a  | Enter the number of voting members of the governing body 1a 27   |         |        |          |
| b   |  | 4       |        |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other         |         |        |          |
|     | officer, director, trustee, or key employee?   | 2       |        | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision            |         |        | Series . |
|     | 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 Form 990 was filed?            | 4       |        | X        |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?                          | 5       |        | X        |
| 6   | Does the organization have members or stockholders?  | 6       |        | X        |
| 7a  |  |         |        | 1000000  |
|     | governing body?  | 7a      |        | X        |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                          | 7b      |        | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                  |         |        |          |
|     | by the following:  |         |        |          |
| а   | The governing body?  | 8a      | X      |          |
| b   |  | 8b      |        | X        |
| 9a  |  | 9a      |        | Х        |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,      |         |        |          |
|     | and branches to ensure their operations are consistent with those of the organization?   | 9b      |        |          |
| 10  | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must             |         |        |          |
|     | describe in Schedule O the process, if any, the organization uses to review the Form 990   | 10      | X      |          |
| 11  | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the           |         |        |          |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 11      |        | X        |
| Sec | tion B. Policies   |         |        |          |
|     |  |         | Yes    | No       |
|     | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     |        | Х        |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise              |         |        |          |
|     | to conflicts?  | 12b     |        |          |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe              |         |        |          |
|     | in Schedule O how this is done   | 12c     |        |          |
| 13  | Does the organization have a written whistleblower policy?   | 13      |        | X        |
| 14  | Does the organization have a written document retention and destruction policy?  | 14      |        | X        |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent               |         |        |          |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision:                                |         |        |          |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a     | X      |          |
| b   | Other officers or key employees of the organization?   | 15b     | X      |          |
|     | 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 arrangement with a            |         |        |          |
|     | taxable entity during the year?  | 16a     |        | Х        |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation    |         |        |          |
|     | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's                  |         |        |          |
|     | exempt status with respect to such arrangements?   | 16b     |        |          |
| Sec | tion C. Disclosure   |         |        |          |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► 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) available | for     |        |          |
|     | 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, conflict of interest policy, a  | nd fina | incial |          |
|     | statements available to the public.  |         |        |          |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organization     | tion:   | -      |          |
|     | MICHELLE TAYLOR - (615)254-9103  |         | -      |          |
|     | 25 MIDDLETON STREET, NASHVILLE, TN 37210   |         |        |          |

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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
- 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)                                    | (B)          | (C)                            |                       |         |              |                              | uote      | (D)                             | (E)                          | (F)                      |
|--|--------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-----------|---------------------------------|------------------------------|--------------------------|
| Name and Title                         | Average      |                                |                       | Posi    |              |                              |           | Reportable                      | Reportable                   | Estimated                |
|  | hours<br>per |                                | neck                  | ( all ' | that         | app                          | oly)<br>T | compensation<br>from            | compensation<br>from related | amount of other          |
|  | week         | lirecto                        |                       |         |              | _                            |           | the                             | organizations                | compensation             |
|  |              | tee or                         | ıstee                 |         |              | ensate                       |           | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)              | from the<br>organization |
|  |              | al trus                        | onal tr               |         | ployee       | comp                         |           | (***27 1033 141100)             |                              | and related              |
|  |              | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    |                                 |                              | organizations            |
| CHRIS W. GREEN                         |              |                                |                       |         |              |                              | $\vdash$  |                                 |                              |                          |
| CHAIR - BOD                            | 1.00         | X                              |                       | X       |              |                              |           | 0.                              | 0.                           | 0.                       |
| TODD PRESNELL                          |              |                                |                       |         |              |                              |           |                                 |                              |                          |
| VICE-CHAIR - BOD                       | 1.00         | X                              |                       | X       |              |                              | _         | 0.                              | 0.                           | 0.                       |
| BILL ZINKE                             | 4 00         |                                |                       |         |              |                              |           |                                 |                              |                          |
| SECRETARY - BOD                        | 1.00         | X                              | _                     | X       |              | _                            | <u> </u>  | 0.                              | 0.                           | 0.                       |
| JANE AVINGER<br>TREASURER - BOD        | 1.00         | х                              |                       | х       |              |                              |           | 0.                              | 0.                           | 0.                       |
| TAMMY JOHNSTON                         | 1.00         | Δ                              |                       | Δ       |              |                              | $\vdash$  | 0.                              | 0.                           | 0.                       |
| IMMEDIATE PAST CHAIR - B               | 1.00         | X                              |                       | х       |              |                              |           | 0.                              | 0.                           | 0.                       |
| DWAINE ANDERSON                        |              |                                |                       | _       |              | Н                            |           |                                 |                              |                          |
| BOARD OF DIRECTORS                     | 1.00         | Х                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| RENEE E. CANTRELL                      |              |                                |                       |         |              |                              | İ         |                                 |                              |                          |
| BOARD OF DIRECTORS                     | 1.00         | X                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| KEVIN CHURCHWELL, MD                   |              |                                |                       |         |              |                              |           |                                 | _                            | _                        |
| BOARD OF DIRECTORS                     | 1.00         | X                              |                       | _       |              |                              | ļ_        | 0.                              | 0.                           | 0.                       |
| MARY CLEMENT                           | 1 00         | 37                             |                       |         |              |                              |           | 0.                              | 0.                           | 0                        |
| BOARD OF DIRECTORS LISA DEAN           | 1.00         | X                              |                       |         |              |                              | -         | 0.                              | 0.                           | 0.                       |
| BOARD OF DIRECTORS                     | 1.00         | Х                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| ROXANNA A. DEVLIN                      | 1.00         | 25                             |                       |         |              |                              | H         |                                 | 0.                           | 0.                       |
| BOARD OF DIRECTORS                     | 1.00         | х                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| LOREN ELLIOTT                          |              |                                |                       |         |              | Т                            | T         |                                 |                              |                          |
| BOARD OF DIRECTORS                     | 1.00         | X                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| WINSTON HARLESS                        |              |                                |                       |         |              |                              |           |                                 |                              |                          |
| BOARD OF DIRECTORS                     | 1.00         | X                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| BETH HARWELL                           |              | 20                             |                       |         |              |                              |           |                                 |                              | _                        |
| BOARD OF DIRECTORS                     | 1.00         | X                              |                       |         |              |                              | _         | 0.                              | 0.                           | 0.                       |
| LEANN KELLY                            | 1 00         | 37                             |                       |         |              |                              |           |                                 | 0                            | 0                        |
| BOARD OF DIRECTORS SIMA KHAYAT-KHOLGHI | 1.00         | X                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| BOARD OF DIRECTORS                     | 1.00         | y                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
| NINA LINDLEY                           | 1.00         | Δ                              |                       |         |              |                              | -         | 0.                              | 0.                           | 0.                       |
| BOARD OF DIRECTORS                     | 1.00         | х                              |                       |         |              |                              |           | 0.                              | 0.                           | 0.                       |
|  | E30/2022 F.  | <u> </u>                       | _                     |         | <u></u>      |                              | _         |                                 |                              | Form 000 (0000)          |

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Dark VIII

| Part VII Section A. Officers, Directors, Tru      | istees, Key Ei | mple                               | oyee                 | s, a    | nd l         | High                         | est          | Compensated Employ                | ees (continued)                  |                       |
|---|----------------|------------------------------------|----------------------|---------|--------------|------------------------------|--------------|-----------------------------------|----------------------------------|-----------------------|
| (A)   | (B)            |                                    |                      | (0      | C)           |                              |              | (D)                               | (E)                              | (F)                   |
| Name and title                                    | Average        | Position<br>(check all that apply) |                      |         |              |                              |              | Reportable                        | Reportable                       | Estimated             |
|   | hours          | (c                                 | heck                 | all     | that         | app                          | ly)          | compensation                      | compensation                     | amount of             |
|   | per            | ctor                               |                      |         |              |                              |              | from                              | from related                     | other                 |
|   | week           | r dire                             |                      |         |              | pa                           |              | the organization                  | organizations<br>(W-2/1099-MISC) | compensation from the |
|   |                | tee o                              | ustee                |         |              | ensal                        |              | (W-2/1099-MISC)                   | (00-2/1099-101130)               | organization          |
|   |                | al trus                            | nal tr               |         | loyee        | dwos                         |              | (** 27 1033 141100)               |                                  | and related           |
|   |                | ndividual trustee or director      | nstitutional trustee | Officer | Key employee | Highest compensated employee | mer          |                                   |                                  | organizations         |
|   |                | Inc                                | lus                  | Ħ       | Ke           | High                         | 쥰            |                                   |                                  |                       |
| ASHOKE BAPPA MUKHERJI                             |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| BOARD OF DIRECTORS                                | 1.00           | X                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| MATTHEW MULLINS                                   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| BOARD OF DIRECTORS                                | 1.00           | Х                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| TOM ORECK   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| BOARD OF DIRECTORS                                | 1.00           | X                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| JULIA B. POLK                                     |                |                                    | $\vdash$             |         |              |                              | $\vdash$     |                                   |                                  | •                     |
| BOARD OF DIRECTORS                                | 1.00           | х                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| LEE ROBINSON                                      | 2000           |                                    |                      |         |              | $\vdash$                     |              | - 0.                              |                                  |                       |
| BOARD OF DIRECTORS                                | 1.00           | Х                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| DONALD SEITZ                                      | 1000           | 22                                 |                      |         |              | $\vdash$                     | H            | 0.                                | 0                                | . 0.                  |
| BOARD OF DIRECTORS                                | 1.00           | X                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| JIM SHULMAN                                       | 1.00           | 1                                  | $\vdash$             |         |              | $\vdash$                     |              | 0.                                | 0                                | • 0•                  |
| BOARD OF DIRECTORS                                | 1.00           | Х                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| RONNIE STEINE                                     | 1.00           | Δ                                  | $\vdash$             | -       |              | $\vdash$                     | <del> </del> | 0.                                | U                                | • 0 •                 |
| BOARD OF DIRECTORS                                | 1.00           | х                                  |                      |         |              |                              |              | 0.                                | ,                                |                       |
|   | 1.00           | Δ                                  | $\vdash$             | -       |              | H                            |              | 0.                                | 0                                | . 0.                  |
| MONICA FLYNN URNESS                               | 1 00           | 37                                 |                      |         |              |                              |              |                                   | _                                |                       |
| BOARD OF DIRECTORS                                | 1.00           | X                                  |                      |         |              |                              |              | 0.                                | 0                                | . 0.                  |
| KAREN R. WEIR                                     | 1 00           | 37                                 |                      |         |              |                              |              |                                   | _                                |                       |
| BOARD OF DIRECTORS                                | 1.00           | _                                  |                      |         |              | Ļ                            |              | 0.                                | 0                                |                       |
| 1b Total  |                |                                    |                      |         |              | <u> </u>                     |              | 143,278.                          | 0                                | . 17,500.             |
| 2 Total number of individuals (including those    |                |                                    |                      |         |              |                              |              | 공사(는)(M) 구 (B)(고)()(B) 보고 하고 있었다. |                                  |                       |
| compensation from the organization                |                |                                    |                      |         |              |                              |              |                                   |                                  | ► 0<br>  Yes   No     |
|   | T-40           |                                    |                      |         | 2            |                              |              |                                   |                                  | res No                |
| 3 Did the organization list any former officer,   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| line 1a? If "Yes," complete Schedule J for s      |                |                                    |                      |         |              |                              |              |                                   |                                  | 3 X                   |
| 4 For any individual listed on line 1a, is the su | 1977           |                                    |                      |         |              |                              |              | •                                 | the organization                 |                       |
| and related organizations greater than \$150      |                |                                    |                      |         |              |                              |              |                                   | **********                       | 4 X                   |
| 5 Did any person listed on line 1a receive or a   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| the organization? If "Yes," complete Sched        | ule J for such | pers                               | on .                 |         |              |                              |              |                                   |                                  | 5 X                   |
| Section B. Independent Contractors                | - W.           | IV.                                | 73                   |         |              | -                            |              |                                   | an received a service of         | W DE                  |
| Complete this table for your five highest co      | mpensated in   | dep                                | ende                 | nt c    | onti         | racto                        | ors t        | that received more than           | \$100,000 of compe               | nsation from          |
| the organization. NONE                            |                |                                    |                      |         |              |                              | _            |                                   |                                  |                       |
| (A) Name and business                             |                |                                    |                      |         |              |                              |              | (B)                               | 20092.22                         | (C)                   |
| Name and business                                 | address        |                                    |                      |         |              | _                            | _            | Description of s                  | ervices                          | Compensation          |
|   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| 8   |                |                                    |                      |         |              |                              | 4            |                                   |                                  |                       |
|   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
|   |                |                                    |                      |         |              |                              | 4            |                                   |                                  |                       |
|   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| ·   |                |                                    |                      |         |              |                              | _            |                                   |                                  |                       |
|   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
| -   |                |                                    |                      |         |              |                              | 4            |                                   |                                  | - i                   |
|   |                |                                    |                      |         |              |                              |              |                                   |                                  |                       |
|   |                | - 4-                               |                      |         |              |                              |              |                                   |                                  |                       |
| 2 Total number of independent contractors (i      | ncluding those | e in '                             | 1) wh                | no re   | eceiv        | ved i                        | mor          | e than \$100,000 in com           | pensation                        |                       |
| from the organization                             | U TO TO TO TO  |                                    |                      | 1770    | 700          |                              | <b>y</b> -   |                                   | 037                              |                       |
| SEE SCHEDULE J-2 FOR                              | PAKT V         |                                    |                      | ) H.    |              | I ( ) N                      | u Z          | A CONTINUATT                      | ON                               | Form 990 (2008)       |

| Pai  | TVII | Statement of Rever   | nue  |               |                             |   |   |   |
|--|------|--|--|---------------|-----------------------------|---|---|---|
|  |      |  |  |               | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats str  | 1 a  | Federated campaigns  | 1a   |               |                             |   |   |   |
| la a   | b    | Membership dues  | 1b   |               |                             |   |   |   |
| S, g   |      | Fundraising events   |  | 40,807.       |                             |   |   |   |
| i i  |      | Related organizations  |  |               |                             |   |   |   |
| nig.   |      | Government grants (contribut   |  | 247,739.      |                             |   |   |   |
| Sir  |      |  |  | 111,1334      |                             |   |   |   |
| le Et  | 1    | All other contributions, gifts, gran   |  | 26 121        |                             |   |   |   |
| 급등   |      | similar amounts not included above   | 2007/2017/00 1.54  | 226,131.      |                             |   |   |   |
| Contributions, gifts, grants and other similar amounts |      | Noncash contributions included in lines  | -111201010101  |               | F14 C77                     |   |   |   |
| 0 10   | h    | Total. Add lines 1a-1f   |  | -             | 514,677.                    |   |   |   |
|  |      |  |  | Business Code |                             |   |   |   |
| ce   | 2 a  | LIVE PERFORMANC  | A CONTRACTOR OF THE PARTY OF TH | 711110        | 490,168.                    |   |   |   |
| @ <u>S</u>   | b    | THEATRE ACADEMY  | <u> </u>   | 611600        | 166,170.                    | 166,170.  |   |   |
| Program Service<br>Revenue                             | С    |  |  |               |                             |   |   |   |
| eve<br>eve   | d    |  |  |               |                             |   |   |   |
| PG .   | е    |  | -  |               |                             |   |   |   |
| ₽  | f    | All other program service reve   | enue   |               |                             |   |   |   |
| - 1  | q    | Total. Add lines 2a-2f   |  | -             | 656,338.                    |   |   |   |
| $\neg$   | 3    | Investment income (including   |  |               |                             |   |   |   |
|  |      | other similar amounts)   |  |               | 2,532.                      |   |   | 2,532.  |
|  | 4    | Income from investment of ta   |  |               |                             |   |   |   |
|  | 5    | Royalties  |  |               |                             |   |   |   |
| - 1  | •    | Noyalles   | (i) Real   | (ii) Personal |                             |   |   | 100 (0.00)  |
|  | 6 -  | Cross Bonto  | (I) Neal   | (II) Fersonal |                             |   |   |   |
|  |      | Gross Rents  |  | -             |                             |   |   |   |
|  |      | Less: rental expenses  |  |               |                             |   |   |   |
|  |      | Rental income or (loss)  |  |               |                             |   |   |   |
| -  |      | Net rental income or (loss)  |  |               |                             |   |   |   |
|  | 7 a  | Gross amount from sales of   | (i) Securities   | (ii) Other    |                             |   |   |   |
|  |      | assets other than inventory  |  |               |                             |   |   |   |
| - 1  | b    | Less: cost or other basis  |  |               |                             |   |   |   |
|  |      | and sales expenses   |  |               |                             |   |   |   |
|  | С    | Gain or (loss)   |  |               |                             |   |   |   |
|  | d    | Net gain or (loss)   |  |               |                             |   |   |   |
| ø  |      | Gross income from fundraising  |  |               |                             |   |   |   |
| Other Revenue  |      | including \$ 40,8  | 07. of   |               |                             |   |   |   |
| eve  |      | contributions reported on line   |  |               |                             |   |   |   |
| ٣.   |      | Part IV, line 18   |  | 17,990.       |                             |   |   |   |
| the  | b    | Less: direct expenses  |  |               |                             |   |   | 100 000 000 000   |
| 0  |      | Net income or (loss) from fund   | ***********  | <b>&gt;</b>   | <2,896.                     | > <2,896.                                       | >                                       |   |
|  |      | Gross income from gaming ac  |  |               |                             |   |   |   |
|  | Ju   | Part IV, line 19   |  |               |                             |   |   |   |
|  | h    | Less: direct expenses  |  |               |                             |   |   |   |
|  |      | The state of the s |  |               |                             | lianalisa kuning kanal                          |   |   |
|  |      | Net income or (loss) from gam  | 189  |               |                             |   |   |   |
|  | 10 a | Gross sales of inventory, less   |  |               |                             |   |   |   |
|  |      | and allowances   |  |               |                             |   |   |   |
|  |      | Less: cost of goods sold   |  | L             |                             |   |   |   |
| 1  | С    | Net income or (loss) from sale   |  | <b>&gt;</b>   |                             |   |   |   |
|  |      | Miscellaneous Revenu   | e  | Business Code |                             |   |   |   |
|  | 11 a | MISCELLANEOUS  |  | 711110        | 14,277.                     | 14,277.   |   |   |
|  | b    |  |  |               |                             |   |   |   |
|  | С    |  |  |               |                             |   |   |   |
|  | d    | All other revenue  |  |               |                             |   |   |   |
|  |      | Total. Add lines 11a-11d   |  | <b></b>       | 14,277.                     |   |   |   |
|  | 12   | Total Revenue. Add lines 1h, 2g, 3,  |  |               | 1,184,928.                  | 667,719.  | 0.                                      | 2,532.  |
| 832009   | 09   | . 31-1   |  |               |                             |   |   | Form <b>990</b> (2008)  |

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|    | All other organizations must compl   |                       | 28                                 |                                     | NN_2                                   |
|----|--|-----------------------|------------------------------------|-------------------------------------|--|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>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  | 6,488.                | 6,488.                             |                                     |  |
| 3  | Grants and other assistance to governments,  |                       |                                    |                                     |  |
|    | organizations, and individuals outside the U.S.  |                       |                                    |                                     |  |
|    | See Part IV, lines 15 and 16   |                       |                                    |                                     |  |
| 4  | Benefits paid to or for members  |                       |                                    |                                     |  |
| 5  | Compensation of current officers, directors,   |                       |                                    |                                     |  |
|    | trustees, and key employees  | 139,510.              | 87,513.                            | 34,665.                             | 17,332.                                |
| 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   | 612,099.              | 560,240.                           | 18,740.                             | 33,119.                                |
| 8  | Pension plan contributions (include section 401(k)   | *                     |                                    | 0.00                                |  |
|    | and section 403(b) employer contributions)   | 11,012.               | 10,822.                            | 4.                                  | 186.                                   |
| 9  | Other employee benefits  | 97,246.               | 87,516.                            | 4,182.                              | 5,548.                                 |
| 10 | Payroll taxes  | 71,892.               | 63,264.                            | 4,314.                              | 4,314.                                 |
| 11 | Fees for services (non-employees):   |                       |                                    |                                     |  |
| а  | Management   |                       |                                    |                                     |  |
| b  | and the state of t |                       |                                    |                                     |  |
|    | Accounting   | 24,496.               | 22,046.                            | 2,450.                              |  |
|    | Lobbying   |                       |                                    |                                     |  |
| е  | Professional fundraising services. See Part IV, line 17  |                       |                                    |                                     |  |
| f  | Investment management fees   |                       |                                    |                                     |  |
| g  | Other  | 10,037.               | 5,518.                             | 545.                                | 3,974.                                 |
| 12 | Advertising and promotion  | 80,709.               | 79,521.                            | 843.                                | 345.                                   |
| 13 | Office expenses  | 30,290.               | 22,540.                            | 7,063.                              | 687.                                   |
| 14 | Information technology   |                       |                                    |                                     |  |
| 15 | Royalties  |                       |                                    |                                     |  |
| 16 | Occupancy  | 92,763.               | 82,264.                            | 10,499.                             |  |
| 17 | Travel   |                       |                                    |                                     |  |
| 18 | Payments of travel or entertainment expenses   |                       |                                    |                                     |  |
|    | for any federal, state, or local public officials  |                       |                                    |                                     |  |
| 19 | Conferences, conventions, and meetings   | 4,784.                | 4,088.                             | 567.                                | 129.                                   |
| 20 | Interest   | 12,596.               | 11,336.                            | 1,260.                              |  |
| 21 | Payments to affiliates   |                       |                                    |                                     |  |
| 22 | Depreciation, depletion, and amortization  | 260,359.              | 242,134.                           | 18,225.                             |  |
| 23 | Insurance  | 16,778.               | 15,100.                            | 1,678.                              |  |
| 24 | 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.)  |                       |                                    |                                     |  |
| а  | ROYALTIES  | 41,188.               | 41,188.                            | 0.                                  | 0.                                     |
| b  | CUSTODIAL SERVICES   | 27,413.               | 24,672.                            | 2,741.                              | 0.                                     |
| C  | SCENERY/SHOP   | 26,756.               | 26,756.                            | 0.                                  | 0.                                     |
| d  | TICKETING  | 21,578.               | 21,578.                            | 0.                                  | 0.                                     |
| е  | SEASON BROCHURES/PROGRA  | 18,382.               | 18,382.                            | 0.                                  | 0.                                     |
| f  | All other expenses   | 69,933.               | 62,924.                            | 4,535.                              | 2,474.                                 |
| 25 | Total functional expenses. Add lines 1 through 24f   | 1,676,309.            | 1,495,890.                         | 112,311.                            | 68,108.                                |
| 26 | Joint Costs. Check here if following   |                       |                                    |                                     | 331733                                 |
|    | SOP 98-2. Complete this line only if the organization  | 1                     |                                    |                                     |  |
|    | reported in column (B) joint costs from a combined   |                       |                                    |                                     |  |
|    | educational campaign and fundraising solicitation  |                       |                                    |                                     |  |
|    | oudoutional campaign and fundraising Solicitation  |                       |                                    |                                     |  |

Form 990 (2008)

62-0637709

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Part X Balance Sheet

| 1   Cash - non-interest-bearing   453, 919. i   98, 1744,   |      |  |   |  |  | (A)<br>Beginning of year |           | (B)<br>End of |             |          |  |
|---|------|--|---|--|--|--------------------------|-----------|---------------|-------------|----------|--|
| 2   Savings and temporary cash investments  |      | 1  | Cash - non-interest-bearing                       |  |  |                          | 1         | 9             | 8,1         | 74.      |  |
| Page 2 Peoples and grants receivable, net 4 Accounting receivable, net 9 People and grants receivable  net 9 People and grants receivable, net 9 People depended and grants receivable, net 9 People depended grants receivable, net 9 People grants receivable grants receiv |      | 0.50   |   |  |  |                          |           |               |             |          |  |
| A Accountre receivable, net   S   Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L   S  |      |  |   |  |  |                          |           |               |             |          |  |
| Part   10   Schedule         |  |   |  |  |                          |           |               |             |          |  |
| ## employees, or other related parties. Complete Part II of Schedule L.    6 Receivables from other disqualified persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(B), Complete Part II of Schedule L.    7 Notes and learn seceivable, net   |      |  | Receivables from current and former officers, d   | rectors.   | trustees, kev  |                          |           |               |             |          |  |
| Page     |      |  |   |  |  |                          | 5         |               |             |          |  |
| ## 4858(f(!) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L    Part II of Schedule L   Part II of Schedule L   Part II of Schedule L   Part II of Schedule L   Part II of Schedule L   Part II of Schedule Schedule Call  |      | 6  |   |  |  |                          |           |               |             |          |  |
| Part I of Schedule L   7   Notes and loans receivable, net   7  |      |  |   |  |  |                          |           |               |             |          |  |
| To   Notes and loans receivable, net     7  |      |  | Part II of Schedule L                             |  |  |                          | 6         |               |             |          |  |
| Solution   | ts   | 7  |   | part of the Charles of the Control o |  | 7                        |           |               |             |          |  |
| 10a   | SSe  | 8  |   |  |  |                          | 8         |               |             |          |  |
| 10a   | Ä    | 9  |   |  |  | 11,756.                  | 9         | 1             | 4,9         | 20.      |  |
| b Less: accumulated depreciation. Complete Part IV of Schedule D  |      | 10a  |   |  | 5,365,018.   |                          |           |               |             |          |  |
| 11  |      | b  | Less: accumulated depreciation. Complete          |  |  |                          |           |               |             |          |  |
| 1   |      |  | Part VI of Schedule D                             | 10b  | 507,029.   | 5,059,585.               | 10c       | 4,85          | 7,9         | 89.      |  |
| 13   Investments - program-related. See Part IV, line 11   14   Intanglible assets   14   Intanglible assets   116,650.     16   Total assets. See Part IV, line 11   146,273   15   116,650.     17   Accounts payable and accrued expenses   82,7720   17   43,844.     18   Grants payable   82,7720   17   43,844.     19   Deferred revenue   49,122   19   103,259.     19   Deferred revenue   49,122   19   103,259.     20   Tax-exempt bond liabilities   20     21   Escrow account liability. Complete Part IV of Schedule D   21     22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D   22     22   Secured mortgages and notes payable to unrelated third parties   1,362,661.   23   384,888.     23   Secured mortgages and notes payable to unrelated third parties   1,362,661.   23   384,888.     24   Unsecured notes and loans payable   24     25   Other liabilities. Complete Part X of Schedule D   25   200,000.     26   Total liabilities. Add lines 17 through 25   1,494,503.   26   731,991.     27   Organizations that follow SFAS 117, check here   X and complete lines 27 through 29, and lines 33 and 34.     28   Temporarily restricted net assets   1,645,967.   28   997,348.     29   Permanently restricted net assets   29   97,348.     29   Permanently restricted net assets   31   24,007,985.   33   5,450,342.     30   Capital stock or trust principal, or current funds   31   32   33   34,000   34,000   34,000   34,000   34,000   34,000   34,000   34,000   34,000   35,000   34,000      |      | 11   |   |  |  |                          | 11        |               |             |          |  |
| 14  |      | 12   | Investments - other securities. See Part IV, line | 11   |  | 53,591.                  | 12        |               | 2,0         | 70.      |  |
| 15 Other assets. See Part IV, line 11   |      | 13   | Investments - program-related. See Part IV, line  | 11   |  |                          | 13        |               |             |          |  |
| 15 Other assets. See Part IV, line 11   |      | 14   | Intangible assets                                 |  |  |                          | 14        |               |             |          |  |
| 17  |      | 15   | Other assets. See Part IV, line 11                |  |  |                          | 15        |               |             |          |  |
| 18    Grants payable  |      | 16   | Total assets. Add lines 1 through 15 (must equ    | al line 3  | 4)   |                          | 16        |               |             |          |  |
| Per p   |      | 17   | Accounts payable and accrued expenses             |  |  | 82,720.                  | 17        | 4             | 3,8         | 44.      |  |
| 20 Tax-exempt bond liabilities  |      | 18   | Grants payable                                    |  |  |                          | 18        |               |             |          |  |
| 21 Escrow account liability. Complete Part IV of Schedule D   |      | 19   | Deferred revenue                                  |  | 49,122.  | 19                       | 10        | 3,2           | 59.         |          |  |
| 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Complete Part X of Schedule D 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Total liabilities. 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total intabilities and net assets/und balances 30 Total liabilities and net assets/und balances 31 Total liabilities and net assets/und balances 32 Total liabilities and net assets/und balances 33 Total rest assets or fund balances 34 Total liabilities and net assets/und balances 34 Total liabilities and net assets/und balances 35 Total liabilities and net assets/und balances 36 (007,985) 33 5,450,342. 36 Vere the organization's financial statements audited by an independent accountant? 36 Were the organization's financial statements and selection of an independent accountant? 37 Example II Paid-In the single Audit Act and OMB Circular A-133? 38 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?   |      | 20   | Tax-exempt bond liabilities                       | 71   | 20   |                          |           |               |             |          |  |
| Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable  25 Other liabilities. Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Total liabilities and net assets/fund balances  33 Total liabilities and net assets/fund balances  4, 362, 018 27 4, 452, 994 28 997, 348 29  Permanently restricted net assets  5, 450, 342 29  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  29 Permanently restricted net assets  6, 007, 985 33 5, 450, 342 28  31 Total liabilities and net assets/fund balances  7, 502, 488 34 6, 182, 333 29  Part XI Financial Statements and Reporting  Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements audited by an independent accountant?  b Were the organization's financial statements and selection of an independent accountant?  c If 'Yes' to lines 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?  2a X  2b X  2a X  2a X  2b X  2a X  | es   | 21   | Escrow account liability. Complete Part IV of Sc  |  | 21   |                          |           |               |             |          |  |
| Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable  25 Other liabilities. Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Total liabilities and net assets/fund balances  33 Total liabilities and net assets/fund balances  4, 362, 018 27 4, 452, 994 28 997, 348 29  Permanently restricted net assets  5, 450, 342 29  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  29 Permanently restricted net assets  6, 007, 985 33 5, 450, 342 28  31 Total liabilities and net assets/fund balances  7, 502, 488 34 6, 182, 333 29  Part XI Financial Statements and Reporting  Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements audited by an independent accountant?  b Were the organization's financial statements and selection of an independent accountant?  c If 'Yes' to lines 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?  2a X  2b X  2a X  2a X  2b X  2a X  | ≣    | 22   | .= /  |  |  |                          |           |               |             |          |  |
| Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable  25 Other liabilities. Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Total liabilities and net assets/fund balances  33 Total liabilities and net assets/fund balances  4, 362, 018 27 4, 452, 994 28 997, 348 29  Permanently restricted net assets  5, 450, 342 29  Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.  29 Permanently restricted net assets  6, 007, 985 33 5, 450, 342 28  31 Total liabilities and net assets/fund balances  7, 502, 488 34 6, 182, 333 29  Part XI Financial Statements and Reporting  Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements audited by an independent accountant?  b Were the organization's financial statements and selection of an independent accountant?  c If 'Yes' to lines 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?  2a X  2b X  2a X  2a X  2b X  2a X  | iab  |  | highest compensated employees, and disqualif      | sons. Complete Part II   |  |                          |           |               |             |          |  |
| 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Total net assets or fund balances 36 (007,985, 33) 5,450,342.  Total liabilities and net assets/fund balances 36 (007,985, 33) 5,450,342.  Total liabilities and net assets/fund balances 77,502,488, 34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  Accounting method used to prepare the Form 990: □ Cash ▼ Accrual □ Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements and selection of an independent accountant?  c If "Yes" to lines 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?  2a X  2b X  Carbital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 77,502,488, 34 6,182,333.  78 Not all liabilities and net assets/fund balances 79 Not all liabilities and net assets/fund balances 79 Not all liabilities and net assets/fund balances 70 Not all liabilities and net assets/fund balances 70 Not all liabilities and net assets/fund balances 70 Not all liabilities and net assets/fund balances  | _    |  |   |  | -  | 1 262 664                |           |               | 1 0         |          |  |
| 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 4,362,018 27 4,452,994 28  28 Temporarily restricted net assets 1,645,967 28 997,348 29  Permanently restricted net assets 29  Permanently restricted net assets 29  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  28 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 6,007,985 33 5,450,342 2.  37 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 2.  Part XI Financial Statements and Reporting Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b X crief Yes' to lines 2a or 2b, does the organization are accommittee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X 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?  |      | 23   |   | ated thi   | rd parties   | 1,362,661.               |           | 38            | 4,8         | 88.      |  |
| Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 4,362,018 27 4,452,994 28  Temporarily restricted net assets 1,645,967 28 997,348 29  Permanently restricted net assets 5  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  Paid-in or capital surplus, or land, building, or equipment fund 31  Retained earnings, endowment, accumulated income, or other funds 32  Total net assets or fund balances 6,007,985 33 5,450,342 34  Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 3.  Part XI Financial Statements and Reporting Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other 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? 2b X C If "Yes" to lines 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 X  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?   |      |  |   |  |  |                          |           |               |             |          |  |
| Organizations that follow SFAS 117, check here  |      |  |   |  | for the control of th |                          | _         |               |             |          |  |
| lines 27 through 29, and lines 33 and 34.   27 Unrestricted net assets   4,362,018 27 4,452,994.  |      | 26   |   |  |  | 1,494,503.               | 26        | 73.           | 1,9         | 91.      |  |
| 27 Unrestricted net assets 4,362,018 27 4,452,994 28 Temporarily restricted net assets 1,645,967 28 997,348 29 Permanently restricted net assets 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 6,007,985 33 5,450,342 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total net assets or fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total net assets or fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total net assets or fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 7,502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 8,7502,488 34 6,182,333 7 Total liabilities and net assets/fund balances 8,7502,488 34 6,182,333 7 Total liabilities and net  |      |  |   | ere 🕨  | A and complete   |                          |           |               |             |          |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | Ses  |  |   |  |  | 4 363 010                |           | 4 45          |             | 0.4      |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | an   | 19000  |   |  |  |                          |           | 4,45          | <u> </u>    | 94.      |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | Ва   | 2000   |   |  | and the second s | 1,045,907.               |           | 99            | 1,3         | 40.      |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | pur  | 29   |   |  |  |                          | 29        |               |             |          |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | Ę    |  |   | neck ne  | ere Land   |                          |           |               |             |          |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | S    | 20   |   |  |  |                          | 20        |               |             |          |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | set  |  |   |  | P-   |                          |           |               |             | 11       |  |
| Total liabilities and net assets/fund balances  7,502,488.34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  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   | t As | -0.783   |   |  |  |                          | 1.550.150 |               | —           | +        |  |
| 34 Total liabilities and net assets/fund balances 7,502,488. 34 6,182,333.  Part XI Financial Statements and Reporting  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  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?  2b X  c If "Yes" to lines 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?  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?  | Se   |  |   |  | (0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(   | 6 007 985                |           | 5 /5          | N 3         | 12       |  |
| Part XI Financial Statements and Reporting  Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to lines 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?  Act and OMB Circular A-133?  Xes No  Yes No  Yes No  Za X  X  Zb X  Zb X  Zb X  Zc X  Sa X   |      |  |   |  |  |                          | _         |               |             |          |  |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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? 2b X  c If "Yes" to lines 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 X  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   | Pai  |  |   |  |  | 7,302,4000               | 34        | 0,10          | <u>u, J</u> | 33.      |  |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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? 2b X  c If "Yes" to lines 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 X  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   | . 4  | . /(1  | Tillancial Statements and Reporting               |  |  |                          |           |               | Yes         | No       |  |
| Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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?  2a  | 1    | Acco   | unting method used to prepare the Form 990:       | Ca   | sh X Accrual   | Other                    |           |               |             |          |  |
| b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to lines 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 X  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  | 27   |  |   |  |  |                          |           |               |             |          |  |
| c If "Yes" to lines 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?  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  |      |  |   |  |  |                          |           |               | x           | 21       |  |
| review, or compilation of its financial statements and selection of an independent accountant?  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  |      | c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, |   |  |  |                          |           |               |             |          |  |
| 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   | C    |  |   |  |  |                          |           |               |             |          |  |
| Act and OMB Circular A-133?   | 32   |  |   |  |  |                          |           |               |             | $\vdash$ |  |
|   | ou   |  |   |  | 5  | - T                      |           |               |             | х        |  |
|   | b    |  |   |  |  |                          |           | 3b            |             |          |  |

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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.

2008
Open to Public Inspection

Name of the organization NASHVILLE ACADEMY THE

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

Schedule A (Form 990 or 990-EZ) 2008

| Pa          | rt l     | Reason  | for Public Char   | ity Status (All organiz  | ations mu     | st comple                                | te this par              | t.) (see ins                            | tructions)             |                        |                     |  |
|-------------|----------|---|---|--|---------------|--|--------------------------|---|------------------------|------------------------|---------------------|--|
| The         | organ    | ization is not a  | a private foundation  | because it is: (Please ch  | eck only o    | ne organi                                | zation.)                 | 21/0/2                                  |                        |                        |                     |  |
| 1           |          |   |   | s, or association of chur  |               |  |                          | (b)(1)(A)(i)                            | ١.                     |                        |                     |  |
| 2           |          |   |   | <b>'0(b)(1)(A)(ii).</b> (Attach Sc   |               |  |                          | · · · · · · · · ·                       | •                      |                        |                     |  |
| 3           | 一        |   |   | tal service organization   | - 22          |  | 170(b)(1)                | ( <b>A</b> )(iii), (At                  | tach Sche              | dule H )               |                     |  |
| 4           | $\equiv$ |   |   | operated in conjunction  |               |  |                          |   |                        |                        | ne hospital's name  |  |
|             |          | city, and stat  |   | oporatou il roomjanotion   |               | spira, acco                              |                          | 0.1.017 170                             | (~)( -)( -)( -)        | .,. Lincon cr          | io nospitar o namo, |  |
| 5           |          | 500   |   | benefit of a college or ur   | niversity o   | wned or or                               | nerated by               | a govern                                | mental uni             | t describe             | ed in               |  |
| J           |          |   | (b)(1)(A)(iv). (Comple  |  | involutely o  | Wilda or of                              | oorated by               | a govern                                | mornar arn             | t dosonbo              | d III               |  |
| 6           |          |   |   | or local government or governmental unit described in section 170(b)(1)(A)(v). |               |  |                          |   |                        |                        |                     |  |
| 6           | X        |   |   | 1975   |               |  |                          |   | r from the             | aanaral n              | ublic described in  |  |
| ,           | 22       | X=  |   | eives a substantial part   | oi its supp   | ort iroin a                              | governme                 | eritai uriit C                          | or ironi trie          | general p              | ublic 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.) |  |               |  |                          |   |                        |                        |                     |  |
| 8           | H        |   |   |  |               |  |                          |   |                        |                        | 3                   |  |
| 9           |          | 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. |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  | tion 511 ta   | ax) from bu                              | isinesses a              | acquirea b                              | y tne orga             | inization a            | πer June 30, 1975.  |  |
| 40          |          |   | 509(a)(2). (Complete  | an all a company   |               |  |                          | - F00/-W                                | • •                    | x                      |                     |  |
| 10          | =        |   |   | perated exclusively to te  |               | 100                                      |                          |   | New Action Con-        | CILCONS IN DESCRIPTION |                     |  |
| 11          | ш        |   | A CALL CARDEN MANAGED IN CONTRACTOR   | perated exclusively for the  |               | Part Carlotte Commission Control Control |                          |   |                        | •                      |                     |  |
|             |          |   |   | ations described in secti  |               |  |                          | 2). See <b>se</b>                       | otion 509(             | a)(3). Che             | ck the box that     |  |
|             |          |   |   | organization and compl   |               |  |                          |   |                        |                        | 6                   |  |
|             |          | a Type I  |   |  | (7.0)         | e III - Fund                             |                          |   |                        |                        | Type III - Other    |  |
| е           | Ш        | 1670  | 0.20  | at the organization is not   |               | 100                                      |                          | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |                        | 51 6                   |                     |  |
|             |          |   |   | han one or more publicly   |               |  |                          |   |                        | 9(a)(1) or s           | ection 509(a)(2).   |  |
| f           |          |   |   | tten determination from t  |               |  |                          |   |                        |                        | _                   |  |
|             |          |   | rganization, check th   |  |               |  |                          |   |                        |                        | L                   |  |
| g           |          |   |   | organization accepted ar   |               |  |                          |   |                        |                        | - I s               |  |
|             |          |   |   | lirectly controls, either al   |               |  |                          |   |                        |                        | Yes No              |  |
|             |          | -   |   | upported organization?   |               |  |                          |   |                        |                        |                     |  |
|             |          | (ii) A family   | member of a persor  | n described in (i) above?  | *********     |  |                          |   |                        |                        | 11g(ii)             |  |
| 0.20        |          |   |   | person described in (i)  |               |  |                          |   |                        |                        | 11g(iii)            |  |
| h           |          | Provide the f   | ollowing information  | about the organizations  | the organ     | nization su                              | oports.                  |   |                        |                        |                     |  |
|             |          |   |   | (iii) Type of  | le            | 2 00                                     |                          | 144 14                                  |                        |                        |                     |  |
| (i)         |          | of supported  | (ii) EIN  | (iii) Type of<br>organization  | (iv) is the ( | organization<br>sted in your             | (v) Did you<br>organizat |   | (vi) Is<br>organizatio | the<br>on in col.      | (vii) Amount of     |  |
|             | orga     | nization  |   | (described on lines 1-9  |               | document?                                |                          |   | (i) organiz<br>U.S     | ed in the              | support             |  |
|             |          |   |   | above or IRC section<br>(see instructions))                                    | Yes           | No                                       | Yes                      | No                                      | Yes                    | No                     |                     |  |
|             |          |   |   | (SCC IIISU UCUOIIS))   | 1.00          | 140                                      | 100                      | 110                                     | 100                    | 1,10                   |                     |  |
|             |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               | -  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               | -  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               |  | 18                       |   |                        |                        |                     |  |
| _           |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
| _           |          |   |   |  |               |  |                          |   |                        |                        |                     |  |
|             | -        |   |   |  |               |  |                          |   |                        |                        |                     |  |
| <b>Fota</b> | ł!       |   |   | Name of the second   |               |  |                          |   |                        |                        |                     |  |

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

Schedule A (Form 990 or 990-EZ) 2008 CHILDRENS THEATRE ASSOCIATION

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.)

| Sec  | Section A. Public Support                    |  |                 |                        |                      |                    |  |  |  |  |  |
|------|--|--|-----------------|------------------------|----------------------|--------------------|--|--|--|--|--|
| Cale | endar year (or fiscal year beginning in)     | (a) 2004   | (b) 2005        | (c) 2006               | (d) 2007             | (e) 2008           | (f) Total  |  |  |  |  |
| 1    | Gifts, grants, contributions, and            |  |                 |                        |                      |                    |  |  |  |  |  |
|      | membership fees received. (Do not            | 200000000000000000000000000000000000000  |                 |                        |                      |                    |  |  |  |  |  |
|      | include any "unusual grants.")               | 364,129.   | 415,722.        | 633,399.               | 3252000.             | 514,677.           | 5179927.   |  |  |  |  |
| 2    | Tax revenues levied for the organ-           |  |                 |                        |                      |                    |  |  |  |  |  |
|      | ization's benefit and either paid to         |  |                 |                        |                      |                    |  |  |  |  |  |
|      | or expended on its behalf                    |  |                 |                        |                      |                    |  |  |  |  |  |
| 3    | The value of services or facilities          |  |                 |                        |                      |                    |  |  |  |  |  |
|      | furnished by a governmental unit to          |  |                 |                        |                      |                    |  |  |  |  |  |
|      | the organization without charge              |  |                 |                        |                      |                    |  |  |  |  |  |
| 4    | Total. Add lines 1 - 3                       | 364,129.   | 415,722.        | 633,399.               | 3252000.             | 514,677.           | 5179927.   |  |  |  |  |
|      | The portion of total contributions           |  |                 |                        |                      |                    |  |  |  |  |  |
|      | by each person (other than a                 |  |                 |                        |                      |                    |  |  |  |  |  |
|      | governmental unit or publicly                |  |                 |                        |                      |                    |  |  |  |  |  |
|      | supported organization) included             |  |                 |                        |                      |                    |  |  |  |  |  |
|      | on line 1 that exceeds 2% of the             |  |                 |                        |                      |                    |  |  |  |  |  |
|      | amount shown on line 11,                     |  |                 |                        |                      |                    |  |  |  |  |  |
|      | column (f)                                   |  |                 |                        |                      |                    |  |  |  |  |  |
| 6    | Public Support. Subtract line 5 from line 4. |  |                 |                        |                      |                    | 5179927.   |  |  |  |  |
|      | ction B. Total Support                       |  |                 |                        |                      |                    |  |  |  |  |  |
|      | endar year (or fiscal year beginning in)     | (a) 2004   | <b>(b)</b> 2005 | (c) 2006               | (d) 2007             | (e) 2008           | (f) Total  |  |  |  |  |
|      | Amounts from line 4                          | 364,129.   | 415,722.        | 633,399.               | 3252000.             | 514,677.           | 5179927.   |  |  |  |  |
|      | Gross income from interest,                  |  | 1               |                        |                      |                    |  |  |  |  |  |
|      | dividends, payments received on              |  |                 |                        |                      |                    |  |  |  |  |  |
|      | securities loans, rents, royalties           |  |                 |                        |                      |                    |  |  |  |  |  |
|      | and income from similar sources              |  |                 |                        |                      |                    |  |  |  |  |  |
| 9    | Net income from unrelated business           |  |                 |                        |                      |                    |  |  |  |  |  |
|      | activities, whether or not the               |  |                 |                        |                      |                    |  |  |  |  |  |
|      | business is regularly carried on             |  |                 |                        | 2,177.               | 443.               | 2,620.   |  |  |  |  |
| 10   | Other income. Do not include gain            |  |                 |                        |                      |                    |  |  |  |  |  |
| 3000 | or loss from the sale of capital             |  |                 |                        |                      |                    |  |  |  |  |  |
|      | assets (Explain in Part IV.)                 |  |                 |                        |                      |                    |  |  |  |  |  |
| 11   | Total support. Add lines 7 through 10        |  |                 | 9.9                    |                      |                    | 5182547.   |  |  |  |  |
|      | Gross receipts from related activities,      | etc. (see instruction  | ons)            |                        |                      | 12 6               | ,030,767.  |  |  |  |  |
|      | First five years. If the Form 990 is for     | 27   |                 | d, fourth, or fifth ta | ıx vear as a section |                    | , ,  |  |  |  |  |
|      | organization, check this box and stop        | THE RESERVE THE PROPERTY OF THE PARTY OF THE |                 |                        |                      | 3 / 3 /            |  |  |  |  |  |
| Sec  | ction C. Computation of Publ                 | ic Support Pe  | rcentage        |                        |                      |                    |  |  |  |  |  |
|      | Public support percentage for 2008 (I        |  |                 | olumn (f))             |                      | 14                 | 99.95 %  |  |  |  |  |
|      | Public support percentage from 2007          |  |                 |                        |                      | 15                 | 76.33 %  |  |  |  |  |
|      | 33 1/3% support test - 2008. If the o        |  |                 |                        |                      | ore, check this bo |  |  |  |  |  |
|      | stop here. The organization qualifies        |  |                 |                        |                      |                    | The state of the s |  |  |  |  |
| b    | 33 1/3% support test - 2007. 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 the      |  |                 |                        |                      |                    |  |  |  |  |  |
|      | organization meets the "facts-and-circ       |  |                 |                        |                      |                    |  |  |  |  |  |
| 18   | Private foundation. If the organizatio       |  |                 |                        |                      |                    |  |  |  |  |  |
|      |  |  | ,               |                        |                      | dule A (Form 990   | AUGUSTAN AND THE STATE OF THE S |  |  |  |  |
|      |  |  |                 |                        |                      |                    |  |  |  |  |  |

|      | rt III   Support Schedule for C  | Organizations        | Described in          | Section 509(a         | (Complete only       | if you checked the bo | x on line 9 of Part I.) |
|------|--|----------------------|-----------------------|-----------------------|----------------------|-----------------------|-------------------------|
| -    | ction A. Public Support  |                      |                       |                       |                      | T T                   |                         |
|      | endar year (or fiscal year beginning in)   | (a) 2004             | <b>(b)</b> 2005       | (c) 2006              | (d) 2007             | (e) 2008              | (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-   |                      |                       |                       |                      | 8                     |                         |
|      | iness under section 513  |                      |                       |                       |                      |                       |                         |
| 4    | Tax revenues levied for the organ-   |                      |                       |                       |                      |                       |                         |
| 7    | ization's benefit and either paid to   |                      |                       |                       |                      |                       |                         |
|      | or expended on its behalf  |                      |                       |                       |                      |                       |                         |
| 5    | The value of services or facilities  |                      |                       |                       |                      |                       |                         |
| 3    | furnished by a governmental unit to  |                      |                       |                       |                      |                       |                         |
|      | the organization without charge  |                      |                       |                       |                      |                       |                         |
| 6    | Total. Add lines 1 - 5   |                      |                       |                       |                      |                       |                         |
|      | Amounts included on lines 1, 2, and  |                      |                       |                       |                      |                       |                         |
| 10   | 3 received from disqualified persons   |                      |                       |                       |                      |                       |                         |
| b    | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% 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 (Subtract line 7c from line 6.)   |                      |                       |                       |                      |                       |                         |
| Sec  | ction B. Total Support   |                      |                       | 40                    |                      |                       |                         |
| Cale | endar year (or fiscal year beginning in)   | (a) 2004             | <b>(b)</b> 2005       | (c) 2006              | (d) 2007             | (e) 2008              | (f) Total               |
| 9    | Amounts from line 6  |                      |                       |                       |                      |                       |                         |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                      |                       |                       |                      |                       |                         |
| b    | Unrelated business taxable income  |                      |                       |                       |                      |                       |                         |
|      | (less section 511 taxes) from businesses   |                      |                       |                       |                      |                       |                         |
|      | acquired after June 30, 1975   |                      |                       |                       |                      |                       |                         |
|      | 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                             |                      |                       |                       |                      |                       |                         |
| 12   | Other income. Do not include gain or loss from the sale of capital   |                      |                       |                       |                      |                       | -                       |
| 13   | assets (Explain in Part IV.)   |                      |                       |                       |                      |                       |                         |
|      | First five years. If the Form 990 is fo  | r the organization's | s first, second, thir | d, fourth, or fifth t | tax year as a sectio | n 501(c)(3) organiz   | ation,                  |
|      | check this box and stop here   | =                    |                       |                       |                      |                       |                         |
| Sec  | ction C. Computation of Publ   |                      |                       |                       |                      |                       |                         |
| 15   | Public support percentage for 2008 (   |                      |                       | column (f))           |                      | 15                    | %                       |
| 16   | Public support percentage from 2007  |                      |                       |                       |                      | 16                    | %                       |
| -    | ction D. Computation of Inve   |                      |                       |                       |                      |                       |                         |
| 17   | Investment income percentage for 20  |                      |                       |                       |                      | 17                    | %                       |
|      | Investment income percentage from  |                      |                       |                       |                      | 18                    | %                       |
|      | 33 1/3% support tests - 2008. If the   |                      |                       |                       |                      | 3 1/3%, and line 1    | 7 is not                |
|      | more than 33 1/3%, check this box a  |                      |                       |                       |                      |                       |                         |
| h    | 33 1/3% support tests - 2007. If the   |                      |                       |                       |                      |                       |                         |
| -    | line 18 is not more than 33 1/3%, che  |                      |                       |                       |                      |                       |                         |
| 20   | Private foundation. If the organization  |                      |                       |                       |                      |                       |                         |
|      |  |                      |                       | ,                     |                      |                       | or 990-EZ) 2008         |

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number

62-0637709

| organization type (check one):                                     |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Filers of:   | Section:   |  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |  |  |
|  | 527 political organization   |  |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | s covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> . Only a section 501(c)(7), (8), or (10) organization can check boxes and a Special Rule. See instructions.)   |  |  |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |  |  |
| For organizations f contributor. Comp                              | iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.   |  |  |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |  |  |
| 509(a)(1)/170(b)(1)  | c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections (A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the 90, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.   |  |  |  |  |  |  |  |
| aggregate contribu   | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, itions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational revention of cruelty to children or animals. Complete Parts I, II, and III.   |  |  |  |  |  |  |  |
| some contributions<br>\$1,000. (If this box<br>etc., purpose. Do r | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, is for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.) |  |  |  |  |  |  |  |
| Caution Organizations tha  | t are not covered by the General Bule and/or the Special Bules do not file Schedule B (Form 990, 990-F7, or 990-PF), but   |  |  |  |  |  |  |  |

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certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

Name of organization NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number

62-0637709

| Part I     | Contributors (see instructions)   |                                |   |
|------------|---|--------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d)<br>Type of contribution   |
| 1          | MEMORIAL FOUNDATION  100 BLUEGRASS COMMONS BLVD., SUITE 320  HENDERSONVILLE, TN 37075     | \$\$                           | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
| 2          | PUBLIX SUPER MARKET CHARITIES  P.O. BOX 407  LAKELAND, FL 33802                           | \$\$                           | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
| 3          | TARGET  1000 NICOLLET MALL, TPS-2689  MINNEAPOLIS, MN 55403                               | \$\$                           | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
| 4          | THE SHUBERT FOUNDATION, INC.  234 WEST 44TH STREET  NEW YORK, NY, 10036                   | \$\$0,000.                     | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
| 5          | METROPOLITAN NASHVILLE ARTS COMMISSION 800 2ND AVE., SOUTH, 4TH FLOOR NASHVILLE, TN 37219 | \$\$                           | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d) Type of contribution  |
| 6          | TENNESSEE ARTS COMMISSION  401 CHARLOTTE AVE.   | \$\$                           | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  |
| II         | NASHVILLE, TN 37243   | 0.1-1-1-0/5                    | 100 000 E7 or 000 DEV (2009)  |

# Schedule D

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

Schedule D (Form 990) 2008

| Pai | rt I Organizations Maintaining Donor Advise  | ed Funds or Other Similar Fund             | s or Accounts. Complete if the                   |
|-----|--|--|--|
|     | organization answered "Yes" to Form 990, Part IV, lin                                |  |  |
|     |  | (a) Donor advised funds                    | (b) Funds and other accounts                     |
| 1   | Total number at end of year  |  |  |
| 2   | Aggregate contributions to (during year)   |  |  |
| 3   | Aggregate grants from (during year)  |  |  |
| 4   | Aggregate value at end of year   |  |  |
| 5   | Did the organization inform all donors and donor advisors in                         | writing that the assets held in donor adv  | rised 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                      |  |  |
| Pa  | rt II Conservation Easements. Complete if the or                                     | ganization answered "Yes" to Form 990      | Part IV, line 7.                                 |
| 1   | Purpose(s) of conservation easements held by the organizat                           |  |  |
|     | Preservation of land for public use (e.g., recreation or                             |  | nistorically important land area                 |
|     | Protection of natural habitat  |  | ified historic structure                         |
|     | Preservation of open space   |  |  |
| 2   | Complete lines 2a-2d if the organization held a qualified cons                       | servation contribution in the form of a co | nservation easement on the last day              |
|     | of the tax year.   |  | , , , , , , , , , , , , , , , , , , ,            |
|     |  |  | Held at the End of the Year                      |
| а   | Total number of conservation easements   |  |  |
| b   | Total acreage restricted by conservation easements                                   |  |  |
| С   | Number of conservation easements on a certified historic str                         |  |  |
| d   | Number of conservation easements included in (c) acquired                            |  |  |
| 3   | Number of conservation easements modified, transferred, re                           |  |  |
|     | year▶  |  |  |
| 4   | Number of states where property subject to conservation ea                           | sement is located                          |  |
| 5   | Does the organization have a written policy regarding the pe                         |  | and  |
|     | enforcement of the conservation easements it holds?                                  |  |  |
| 6   | Staff or volunteer hours devoted to monitoring, inspecting, a                        |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and                           | enforcing easements during the year        | \$   |
| 8   | Does each conservation easement reported on line 2(d) above                          | ve satisfy the requirements of section 17  | 'O(h)(4)(B)(i)                                   |
|     | and section 170(h)(4)(B)(ii)?  |  | Yes No   |
| 9   | In Part XIV, describe how the organization reports conservat                         |  |  |
|     | include, if applicable, the text of the footnote to the organiza                     | tion's financial statements that describe  | s the organization's accounting for              |
|     | conservation easements.  |  |  |
| Pai | rt III Organizations Maintaining Collections o                                       | f Art, Historical Treasures, or            | 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, no                         | ot to report in its revenue statement and  | balance sheet works of art, historical           |
|     | treasures, or other similar assets held for public exhibition, e                     | ducation, or research in furtherance of p  | ublic service, provide, in Part XIV, the text of |
|     | the footnote to its financial statements that describes these                        | items.                                     |  |
| b   | If the organization elected, as permitted under SFAS 116, to                         | report in its revenue statement and bala   | ance sheet works of art, historical treasures,   |
|     | or other similar assets held for public exhibition, education, of                    | or research in furtherance of public servi | ce, provide the following amounts relating to    |
|     | these items:   |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1                                 |  | ▶ \$   |
|     | (ii) Assets included in Form 990, Part X   |  |  |
| 2   | If the organization received or held works of art, historical tre                    |  |  |
|     | the following amounts required to be reported under SFAS 1                           | 16 relating to these items:                |  |
| а   |  |  |  |
| b   | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X |  | <b>&gt;</b> \$                                   |
|     | e and an extension of the first first  |  |  |

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| Par | t III Organizations Maintaining C   | ollections of A                      | rt, Hist   | torical Tr    | easures, o            | or Othe     | r Similar A       | sse    | ts (contii | nued)      |
|-----|---|--------------------------------------|------------|---------------|-----------------------|-------------|-------------------|--------|------------|------------|
| 3   | Using the organization's accession and other  | records, check any                   | y of the f | ollowing tha  | at are a signifi      | icant use   | of its collection | on ite | ms (chec   | k all      |
|     | that apply):  |                                      |            |               |                       |             |                   |        |            |            |
| а   | Public exhibition   |                                      | i 🗌        | Loan or exc   | hange progra          | ams         |                   |        |            |            |
| b   | Scholarly research  | 6                                    | • 🗌        | Other         |                       |             |                   |        |            |            |
| С   | Preservation for future generations   |                                      |            |               |                       |             |                   |        |            |            |
| 4   | Provide a description of the organization's co  | llections and expla                  | in how th  | ney further t | he organizati         | on's exen   | npt purpose ii    | n Part | XIV.       |            |
| 5   | During the year, did the organization solicit or  | receive donations                    | of art, hi | storical trea | sures, or oth         | er similar  | assets            |        |            |            |
|     | to be sold to raise funds rather than to be ma  | intained as part of                  | the orga   | nization's co | ollection?            |             |                   | 🗀      | Yes        | ☐ No       |
| Par | Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. |                                      |            |               |                       |             |                   |        |            |            |
| 12  | Is the organization an agent, trustee, custodia   |                                      | diary for  | contribution  | ns or other as        | sets not i  | ncluded           |        |            |            |
| 10  | on Form 990, Part X?  |                                      | - T        |               |                       |             |                   |        | Yes        | No         |
| h   | If "Yes," explain the arrangement in Part XIV a   | and complete the fo                  | ollowing   | table:        |                       | *********   |                   |        |            |            |
|     | in 100, explain the arrangement are are   | and complete the h                   | ono ming   | tabio.        |                       |             |                   |        | Amount     |            |
| _   | Reginning balance   |                                      |            |               |                       |             | 1c                |        | 7 arrodire |            |
|     | Beginning balance   |                                      |            |               |                       |             |                   |        |            |            |
|     | Additions during the year   |                                      |            |               |                       |             |                   |        |            |            |
| 240 | Distributions during the year   |                                      |            |               |                       |             |                   |        |            |            |
| f   | Ending balance  Did the organization include an amount on Fo  |                                      |            |               |                       |             |                   | 1      | Yes        | No         |
|     |   | onn 990, Part A, iine                | 3211       |               |                       |             |                   | 🖵      | res        | L NO       |
|     | If "Yes," explain the arrangement in Part XIV. <b>t V</b> Endowment Funds. Complete if  | organization answ                    | orod "Vo   | e" to Form (  | 000 Part IV I         | line 10     |                   |        |            |            |
| ı a | Endowinent i dildo: complete ii   | (a) Current year                     | T vers     | rior year     | T                     | T           | d) Three years    | hack   | (a) Four   | years back |
| 10  | Paginning of year balance   | (a) Current year                     | (0)1       | noi yeai      | (C) TWO year          | S Dack      | uj miec years     | Dack   | (e) i oui  | years back |
|     | Beginning of year balance   |                                      |            |               |                       |             |                   |        | 100        |            |
|     | Contributions   |                                      | 100 E      |               |                       |             |                   |        |            |            |
|     | Investment earnings or losses   |                                      |            |               |                       |             | 12/4              |        | - 19       | 10         |
|     | Grants or scholarships  |                                      |            |               |                       |             | 341               |        | 100        | -          |
| е   | Other expenditures for facilities   |                                      | 100000     |               | 100000                |             |                   |        |            |            |
|     | and programs  |                                      |            |               |                       |             |                   |        |            |            |
| f   | Administrative expenses   |                                      | 200        | 4 - 5         |                       |             |                   |        | 11         |            |
| g   | End of year balance   |                                      | 3 1 3      | 4 - 1         |                       |             |                   |        |            |            |
| 2   | Provide the estimated percentage of the year  |                                      | as:        |               |                       |             |                   |        |            |            |
|     | Board designated or quasi-endowment   |                                      | %          |               |                       |             |                   |        |            |            |
| b   | Permanent endowment   | %                                    |            |               |                       |             |                   |        |            |            |
| C   | Term endowment ▶9   | 6                                    |            |               |                       |             |                   |        |            |            |
| 3a  | Are there endowment funds not in the posses   | ssion of the organiz                 | zation tha | at are held a | and administe         | ered for th | e organizatio     | n      | _          |            |
|     | by:   |                                      |            |               |                       |             |                   |        |            | Yes No     |
|     | (i) unrelated organizations   |                                      |            |               |                       |             |                   |        | 3a(i)      |            |
|     | (ii) related organizations  |                                      |            |               |                       |             |                   |        | 3a(ii)     |            |
| b   | If "Yes" to 3a(ii), are the related organizations   | listed as required                   | on Sche    | dule R?       |                       |             |                   |        | 3b         |            |
| 4   | Describe in Part XIV the intended uses of the   |                                      |            |               |                       |             |                   |        |            |            |
| Pai | t VI Investments - Land, Building   | s, and Equipm                        | ent. Se    | e Form 990    | , Part X, line        | 10.         |                   |        |            |            |
|     | Description of investment   | (a) Cost or of basis (investigation) |            |               | t or other<br>(other) | (c) De      | preciation        |        | (d) Book   | value      |
| 1a  | Land  | ]                                    |            |               |                       |             |                   |        |            |            |
|     | Buildings   |                                      |            | 4,98          | 0,173.                | 3           | 66,275            |        | 4,613      | 3,898.     |
|     | Leasehold improvements  |                                      |            |               |                       |             |                   |        |            | 1614       |
|     | Equipment   |                                      |            | 17            | 3,376.                |             | 89,802            |        | 83         | 3,574.     |
|     | Other   |                                      |            |               | 1,469.                |             | 50,952            |        |            | ,517       |
|     | . Add lines 1a-1e. (Column (d) should equal Fo  |                                      | umn (B),   |               |                       | ·           |                   |        |            | 7,989      |

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 CHILDRENS 1  |                        |            | 62-063//0  | 9 Page 3 |
|---|------------------------|------------|--|----------|
| Part VII Investments - Other Securities. Security or category   |                        | ne 12.     | (c) Method of valuation:                                   |          |
| (including name of security)  | (b) Book value         | Cos        | et or end-of-year market value                             |          |
| Financial derivatives and other financial products  |                        |            |  |          |
| Closely-held equity interests   |                        |            |  |          |
| Other   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            | 7  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)  |                        |            |  | aaa Ita  |
| Part VIII Investments - Program Related. S  | ee Form 990, Part X, I | ine 13.    |  |          |
| (a) Description of investment type  | (b) Book value         | Cos        | (c) Method of valuation:<br>at or end-of-year market value |          |
| ,   |                        |            | it of charact value  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
| Total (Cal /h) should agual Form 000 Part V and /P\ line 12 \   |                        |            |  |          |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line |                        |            |  |          |
|   | Description            |            | <b>(b)</b> Boo   | k value  |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
| ,   |                        |            |  |          |
|   |                        |            |  |          |
| -   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
| Total. (Column (b) should equal Form 990, Part X, col (B) li  |                        |            | <b>&gt;</b>  |          |
| Part X Other Liabilities. See Form 990, Part X,   | line 25.               | (C) X      |  |          |
| (a) Description of liability  |                        | (b) Amount |  |          |
| Federal income taxes  NOTE PAYABLE - LESS CURRENT F   | ODMITON                | 200 000    |  |          |
| NOTE PAYABLE - LESS CURRENT F   | ORTION                 | 200,000.   |  |          |
|   |                        |            |  |          |
| -   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
|   |                        |            |  |          |
| V VIII VIII VIII VIII VIII VIII VIII V  |                        | 000 000    |  |          |
| Total. (Column (b) should equal Form 990, Part X, col (B) li  | ne 25.) ▶              | 200,000.   |  |          |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

832053 12-23-08

Schedule D (Form 990) 2008

| Pa    | rt XI Reconciliation of Change in Net Assets from Form 990                             | 0 to Financi      | al Statemer       | nts        |                          |
|-------|--|-------------------|-------------------|------------|--------------------------|
| 1     | Total revenue (Form 990, Part VIII, column (A), line 12)                               |                   | 1                 |            | 1,184,928.               |
| 2     | Total expenses (Form 990, Part IX, column (A), line 25)                                |                   |                   |            | 1,676,309.               |
| 3     | Excess or (deficit) for the year. Subtract line 2 from line 1                          |                   |                   |            | <491,381.:               |
| 4     | Net unrealized gains (losses) on investments   |                   |                   |            | 8,712.                   |
| 5     | Donated services and use of facilities   |                   | 5                 |            |                          |
| 6     | Investment expenses  |                   |                   |            |                          |
| 7     | Prior period adjustments   |                   |                   |            |                          |
| 8     | Other (Describe in Part XIV)   |                   | 8                 |            | <74,974.                 |
| 9     | Total adjustments (net). Add lines 4-8   |                   | 9                 |            | <66,262.                 |
| 10    | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9       |                   | 10                |            | <557,643.                |
| Pai   | t XII Reconciliation of Revenue per Audited Financial State                            |                   |                   |            |                          |
| 1     | Total revenue, gains, and other support per audited financial statements               |                   |                   | 1          | 1,262,288.               |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                    |                   | Other arministra  |            |                          |
|       | Net unrealized gains on investments  |                   | 8,7               | 12.        |                          |
|       | Donated services and use of facilities   |                   | 159,5             | 33.        |                          |
| C     | Recoveries of prior year grants  | 2c                |                   |            |                          |
| d     | Other (Describe in Part XIV)   | 2d                | <90,8             | 85.>       |                          |
| е     | Add lines 2a through 2d  |                   |                   | 2e         | 77,360.                  |
| 3     | Subtract line 2e from line 1   |                   |                   |            | 1,184,928.               |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                   |                   |                   |            |                          |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b                       | 4a                |                   |            |                          |
| b     | Other (Describe in Part XIV)   | 4b                |                   |            |                          |
| С     | Add lines 4a and 4b  |                   |                   |            | 0.                       |
| 5     | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)      |                   |                   |            | 1,184,928.               |
| Pa    | rt XIII Reconciliation of Expenses per Audited Financial Stat                          |                   |                   |            |                          |
| 1     | Total expenses and losses per audited financial statements                             |                   |                   | 1          | 1,819,931.               |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                      |                   |                   |            |                          |
| а     | Donated services and use of facilities   | 2a                | 159,5             | 33.        |                          |
| b     | Prior year adjustments   | 2b                |                   |            |                          |
| C     | Losses reported on Form 990, Part IX, line 25  | 2c                |                   |            |                          |
|       | Other (Describe in Part XIV)   |                   | <9,4              |            | 500 Menters 1000 50 Men  |
| е     | Add lines 2a through 2d  |                   |                   |            | 150,110.                 |
| 3     | Subtract line 2e from line 1   |                   |                   | 3          | 1,669,821.               |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:                     |                   |                   |            |                          |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b                       | 4a                |                   |            |                          |
| b     | Other (Describe in Part XIV)   | 4b                | 6,4               | 88.        |                          |
| С     | Add lines 4a and 4b  |                   |                   | 4c         | 6,488.                   |
| 5     | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18       | B.)               |                   | 5          | 1,676,309.               |
| Pa    | rt XIV Supplemental Information  |                   |                   |            |                          |
| Com   | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P | art III, lines 1a | and 4; Part IV, I | nes 1b and | 2b; Part V, line 4; Part |
| X; Pa | rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.              |                   |                   |            |                          |
|       |  |                   |                   |            |                          |
|       |  |                   |                   |            |                          |
| PAI   | RT XI, LINE 8 - OTHER ADJUSTMENTS:   |                   |                   |            |                          |
|       |  |                   |                   |            |                          |
| CHZ   | ANGE IN VALUE OF AGENCY ENDOWMENT FUND:  | -29623.           |                   |            |                          |
| -     |  |                   |                   |            |                          |
| LOS   | SS ON DOUBTFUL TEMPORARILY RESTRICTED PL   | EDGES: -          | -61262.           |            |                          |
| _     |  |                   |                   |            |                          |
| SCI   | HOLARSHIPS: 6488.  |                   |                   |            |                          |
|       | **************************************   |                   |                   |            |                          |
| IN-   | -KINDS INCLUDED IN SPECIAL EVENTS: 9423.   |                   |                   |            |                          |
|       |  |                   |                   |            |                          |
| 0     |  |                   |                   |            |                          |
|       | OM WIT 1 TATE OD OWNED 35  |                   |                   |            |                          |
| PAI   | RT XII. LINE 2D - OTHER ADJUSTMENTS:   |                   |                   |            |                          |

Schedule D (Form 990) 2008

| Scredule D (Form 990) 2000 CITED NEWS THEATRE ASSOCIATION   | 02-003/709 Page 5 |
|---|-------------------|
| Part XIV Supplemental Information (continued)               |                   |
| CHANGE IN VALUE OF INTEREST IN AGENCY ENDOWMENT FUND: -2962 | 3.                |
| LOSS ON DOUBTFUL TEMPORARILY RESTRICTED PLEDGES: -61262.    |                   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS:                     |                   |
| IN KIND INCLUDED IN SPECIAL EVENTS: -9423.                  |                   |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS:                     |                   |
| SCHOLARSHIPS: 6488.   |                   |
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### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008
Open To Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.       |  |   |                 |                          |                                     |                     |  |  |
|---|--|---|-----------------|--------------------------|-------------------------------------|---------------------|--|--|
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. |  |   |                 |                          |                                     |                     |  |  |
| a Mail solicitations e Solicitation of non-government grants  |  |   |                 |                          |                                     |                     |  |  |
| b Email solicitations f Solicitation of government grants   |  |   |                 |                          |                                     |                     |  |  |
| c Phone solicitations   | g Special                              |   |                 |                          |                                     |                     |  |  |
| d In-person solicitations   | g Special                              | iuiiuia   | using           | events                   |                                     |                     |  |  |
|   | ar arel agreement with any individual  | l (in al  | d:              | ffiance discretes a torr |                                     |                     |  |  |
| 2 a Did the organization have a written of  |  |   |                 |                          |                                     |                     |  |  |
| key employees listed in Form 990, P   |  |   |                 |                          |                                     | A 1000,000          |  |  |
| <b>b</b> If "Yes," list the ten highest paid indi   |  |   |                 |                          |                                     | be                  |  |  |
| compensated at least \$5,000 by the   | organization. Form 990-EZ filers are   | not re  | quire           | to complete this tal     | ble.                                |                     |  |  |
| (i) Name of individual  |  | (iii)   | Did             | (iv) Gross receipts      | (v) Amount paid to (or retained by) | (vi) Amount paid    |  |  |
| or entity (fundraiser)  | (ii) Activity                          | fundr<br>have c                                 | aiser<br>ustody | from activity            | to (or retained by)<br>fundraiser   | to (or retained by) |  |  |
|   |  | have custody<br>or control of<br>contributions? |                 |                          | listed in col. (i)                  | organization        |  |  |
|   |  | Yes   | No              |                          |                                     |                     |  |  |
|   |  | -   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
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|   |  |   |                 |                          | 2                                   |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
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|   |  |   |                 | 1                        |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  | -   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
| 8   |  |   |                 |                          |                                     |                     |  |  |
|   | 2                                      |   |                 |                          |                                     |                     |  |  |
| Total   | <b>&gt;</b>                            |   |                 |                          |                                     |                     |  |  |
| 3 List all states in which the organizatio  | n is registered or licensed to solicit | funds (   | or has          | been notified it is ex   | empt from registrati                | on or licensing.    |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
| <del> </del>  |  |   |                 |                          |                                     |                     |  |  |
| *   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
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|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |
|   |  |   |                 |                          |                                     |                     |  |  |

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

Schedule G (Form 990 or 990-EZ) 2008

### NASHVILLE ACADEMY THEATRE AND NASHVILLE

Schedule G (Form 990 or 990-EZ) 2008 CHILDRENS THEATRE ASSOCIATION 62-0637709 Page Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

62-0637709 Page 2

Schedule G (Form 990 or 990-EZ) 2008

|                 |   | on Form 990-EZ, line 6a. List events with                                     |                           |   | *                                     |        |                      | ===    |                  |  |  |
|-----------------|---|---|---------------------------|---|---------------------------------------|--------|----------------------|--------|------------------|--|--|
|                 |   |   | (a) Event #1              | (b) Event #2 DRAGON                     | (c) Other Events NONE                 |        | d) Tota<br>d col. (a |        |                  |  |  |
| e               |   | ,   | GRAND DAY<br>(event type) | CONCERT<br>(event type)                 | (total number)                        |        | col.                 | (c))   |                  |  |  |
| Revenue         | 1   | Gross receipts  | 13,130.                   | 45,667.                                 |                                       |        | 5                    | 8,7    | 97.              |  |  |
|                 | 2   | Less: Charitable contributions  | 10,400.                   | 30,407.                                 |                                       |        | 4                    | 0,8    | 07.              |  |  |
|                 | 3   | Gross revenue (line 1 minus line 2)   | 2,730.                    | 15,260.                                 |                                       |        | 1                    | 7,9    | 90.              |  |  |
|                 | 4   | Cash prizes   |                           |   |                                       |        |                      |        |                  |  |  |
| ses             | 5   | Non-cash prizes   |                           |   |                                       |        |                      |        |                  |  |  |
| Direct Expenses | 6   | Rent/facility costs   |                           |   |                                       |        |                      |        |                  |  |  |
| Direct          | 7   | Other direct expenses   | 8,378.                    | 12,508.                                 |                                       |        | 2                    | 0,8    | 86.              |  |  |
|                 | 8 Direct expense summary. Add lines 4 through 7 in column (d) |   |                           |   |                                       |        |                      |        | ( 20,886.)       |  |  |
|                 | 9   | Net income summary. Combine lines 3 and 8                                     | in column (d)             |   |                                       |        | <                    | 2,8    | 96.              |  |  |
| Pa              |   |   | answered "Yes" to Form    | 1990, Part IV, line 19, or r            | eported more than                     |        |                      |        |                  |  |  |
| Φ               |   | \$13,000 GITI GITI 330-LZ, IIIIe Ga.  | (a) Bingo                 | (b) Pull tabs/Instant                   | (c) Other gaming                      |        | Total ga             |        |                  |  |  |
| Revenue         |   |   | (a) Billigo               | bingo/progressive bingo                 | (o) other garming                     | col. ( | a) thro              | ugh co | ol. <b>(c)</b> ) |  |  |
|                 |   | Crass rayanus   |                           |   |                                       |        |                      |        |                  |  |  |
|                 | <u> </u>  | Gross revenue   |                           |   |                                       |        |                      |        |                  |  |  |
| ses             | 2   | Cash prizes   |                           |   |                                       |        |                      |        |                  |  |  |
| Direct Expenses | 3   | Non-cash prizes   |                           |   |                                       |        |                      |        |                  |  |  |
| Direct          | 4   | Rent/facility costs   |                           |   |                                       |        |                      |        |                  |  |  |
|                 | 5   | Other direct expenses   |                           |   |                                       |        |                      |        |                  |  |  |
|                 |   | •   | Yes %                     | Yes %                                   | Yes %                                 |        |                      |        |                  |  |  |
|                 | 6   | Volunteer labor   | No                        | No                                      | No                                    |        |                      |        |                  |  |  |
|                 | 7   | Direct expense summary. Add lines 2 through                                   | n 5 in column (d)         |   | <b>•</b>                              | (      |                      |        | )                |  |  |
|                 | 8   | Net gaming income summary. Combine lines                                      | 1 and 7 in column (d)     |   |                                       |        |                      |        |                  |  |  |
|                 |   | not gaming moone summary. Combine intes                                       | rand / in colamin (a)     | *************************************** |                                       |        |                      | Yes    | No               |  |  |
| 9               |   | ter the state(s) in which the organization opera                              |                           |   |                                       |        |                      |        |                  |  |  |
|                 |   | the organization licensed to operate gaming ac                                | tivities in each of these | states?                                 | · · · · · · · · · · · · · · · · · · · |        | 9a                   |        |                  |  |  |
| L               | H   | No," Explain:   |                           |   |                                       |        |                      |        |                  |  |  |
|                 |   |   |                           |   |                                       |        |                      |        |                  |  |  |
|                 |   | ere any of the organization's gaming licenses re                              | evoked, suspended or te   | erminated during the tax y              | ear?                                  |        | 10a                  |        |                  |  |  |
| b               | lf "  | Yes," Explain:  |                           |   |                                       |        |                      |        |                  |  |  |
|                 | _   |   |                           |   |                                       |        |                      |        |                  |  |  |
| 11              |   | es the organization operate gaming activities v                               |                           |   |                                       |        | 11                   |        |                  |  |  |
| 12              |   | the organization a grantor, beneficiary or truste minister charitable gaming? |                           |   |                                       |        | 12                   |        |                  |  |  |
|                 | au  | ITHI HOLE CHAIRANE VAITHIY!   |                           |   |                                       |        | 1 14 1               |        |                  |  |  |

### NASHVILLE ACADEMY THEATRE AND NASHVILLE

62-0637709 Page 3 CHILDRENS THEATRE ASSOCIATION Yes No 13 Indicate the percentage of gaming activity operated in: a The organization's facility % b An outside facility 13b 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a **b** If "Yes," enter the amount of gaming revenue received by the organization ▶\$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party >\$ \_\_\_\_\_\_. c If "Yes," enter name and address: Name > Address > 16 Gaming manager information: Name > Gaming manager compensation > \$\_\_\_\_\_ Description of services provided Director/officer Employee Independent contractor 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?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the

organization's own exempt activities during the tax year > \$

17a

| OMB No. 1545-0047                             | 2008  | Open to Public   | Inspection          | Employer identification number 62-0637709 |  |  | X Yes  |   | 21, for any   | is needed   | (h) Purpose of grant<br>or assistance                |                          | T.  |                        |                   |  |   | Schedule I (Form 990) 2008   |   |                       |                         |                               |                   |   |                   |   |              |
|---|---|--|---------------------|---|--|--|--|---|---|---|--|--------------------------|---|------------------------|-------------------|--|---|--|---|-----------------------|-------------------------|-------------------------------|-------------------|---|-------------------|---|--------------|
|   |   |  |                     | Employ                                    |  | 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 |  |   | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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 I-1 (Form 990) if additional space is needed | (g) Description of non-cash assistance               |                          |   |                        |                   | -  |   | Sol  |   |                       |                         |                               |                   |   |                   |   |              |
|   | ν,  | art IV, lines 21 or 22.  |                     |   |  | for the grants or assist   |  |   | ō   |   | anization answered "Y                                | art IV and Schedule I-1  | (f) Method of valuation (book, FMV, appraisal, other) |                        |                   |  |   |  |   |                       |                         |                               |                   |   |                   |   |              |
|   | e to Organizations<br>duals in the U.S.   | i," on Form 990, Pa  |                     | n 990.<br>E                               | m 990.                                       | m 990.   | m 990.   | m 990.  | m 990.  | ы   | 떧  | E                        |   | e grantees' eligibilit |                   | ed States.   | Somplete if the orga                      | han \$5,000. Use Pa  | (e) Amount of<br>non-cash<br>assistance |                       |                         |                               |                   |   |                   |   |              |
| Grants and Other Assistance to Organizations, | ants and Other Assistance to Organizatio Governments, and Individuals in the U.S. | on answered "Yes   |                     | ) NASHVILLE<br>I                          | ATION  |  | s or assistance, the                             |   | t funds in the Unit   | e United States.  | nt received more t                                   | (d) Amount of cash grant |   |                        |                   |  |   |  | for Form 990.                           |                       |                         |                               |                   |   |                   |   |              |
|   | Grants and<br>Govern  | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. |                     |   |  |  |  |   |   |   |  |                          |   |                        |                   |  | e amount of the grant                     |  | toring the use of gran                  | d Organizations in th | s box if no one recipie | (c) IRC section if applicable |                   |   |                   | × | rganizations |
|   |   | ▲ Comp   |                     | - 1                                       |  |  | - 1  | - 1   | - 1   | - 1   | ACADEMY<br>THEATRE                                   | ind Assistance           | to substantiate th                                    | stance?                | ocedures for moni | Governments an   | \$5,000. Check thi                        | ( <b>b</b> ) EIN   |   |                       |                         |                               | and government or | S | ction Act Notice, |   |              |
|   |   |  | - 1                 | on NASHVILLE<br>CHILDRENS                 | General Information on Grants and Assistance | zation maintain records  | criteria used to award the grants or assistance? | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | d Other Assistance to   | nat received more than  | 1 (a) Name and address of organization or government |                          |   |                        | s                 | Enter total number of section 501(c)(3) and government organizations | Enter total number of other organizations | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. |   |                       |                         |                               |                   |   |                   |   |              |
| SCHEDULE                                      | (Form 990)  | Department of the Treasury   | and revenue convice | Name of the organization                  | Part I General In                            | 1 Does the organiz   | criteria used to a                               | 2 Describe in Part  | Part II Grants an   | recipient ti  | 1 (a) Name and ac                                    |                          |   |                        |                   |  | ۳1  | LHA For Privacy Act  |   |                       |                         |                               |                   |   |                   |   |              |

# NASHVILLE ACADEMY THEATRE AND NASHVILLE

CHILDRENS THEATRE ASSOCIATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Page 2

62-0637709

(f) Description of non-cash assistance (book, FMV, appraisal, other) THE ORGANIZATION KEEPS RECORDS LUNCH STANDARDS WHICH TAKE INTO ACCOUNT HOUSEHOLD INCOME AS WELL AS FAMILY Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. ASKS FOR TEACHER FEEDBACK WHICH HELPS TO DETERMINE IF THE CHILD SHOULD BE THE ORGANIZATION 2: ANNUAL AWARDS ARE MADE BASED ON FREE/REDUCED 50% THE FMV THEY QUALIFY FOR (d) Amount of non-cash assistance 0 CONSIDERED AGAIN BASED ON BEHAVIOR AND OTHER SIMILAR CRITERIA. AS WITH ALL CAMPERS, 6.488 (c) Amount of cash grant THE REDUCED RANGE, REDUCTION IN COST AND IT GOES UP FROM THERE. (b) Number of recipients OF AWARDS AND MONITORS ATTENDANCE. Z (a) Type of grant or assistance FAMILY FALLS LINE H PART ď H H SCHEDULE SCHOLARSHIP SIZE.

### **SCHEDULE J-2**

(Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

NASHVILLE ACADEMY THEATRE AND NASHVILLE Name of the Organization

CHILDRENS THEATRE ASSOCIATION

Employer Identification number 62-0637709

| CHILDRENS                                   |              |                                | ***********           | 11/1/19/19/2     |              | 6112207195                   | 1.112-7.1 |                   | 62-063   |                 |  |  |
|---|--------------|--------------------------------|-----------------------|------------------|--------------|------------------------------|-----------|-------------------|--|-----------------|--|--|
| Part I Continuation of Officers, Di         | rectors, Tr  | ust                            | tee                   | s, K             | Cey          | En                           | nplo      | oyees, and Highes | t Compensated  | Employees       |  |  |
| (A)   | (B)          |                                |                       |                  | C)           |                              |           | (D)               | (E)  | (F)             |  |  |
| Name and Title                              | Average      | Position                       |                       |                  |              |                              |           | Reportable        | Reportable   | Estimated       |  |  |
|   | hours        | (cl                            |                       | call that apply) |              |                              |           | compensation      | compensation   | amount of       |  |  |
|   | per          | (0/100/14                      |                       |                  | I I I        |                              |           | from              | from related   | other           |  |  |
|   | week         |                                |                       |                  |              | 9                            |           | the               | organizations  | compensation    |  |  |
|   |              | ctor                           |                       |                  |              | yoldı                        |           | organization      | (W-2/1099-MISC)  | from the        |  |  |
|   |              | die                            |                       |                  |              | na pa                        |           | (W-2/1099-MISC)   | ( Constitution of the cons | organization    |  |  |
|   |              | Individual trustee or director | stee                  |                  |              | Highest compensated employee |           | (W-2/1099-WIGC)   |  | and related     |  |  |
|   |              | trus                           | al tru                |                  | yee          | ad mu                        |           |                   |  | organizations   |  |  |
|   |              | dual                           | ution                 | _                | mple         | stcc                         | <b>a</b>  |                   |  |                 |  |  |
|   |              | ndiv                           | Institutional trustee | Officer          | Key employee | High                         | Former    |                   |  |                 |  |  |
| SCOT E. COPELAND                            |              |                                |                       |                  |              |                              | _         |                   |  |                 |  |  |
|   | 40 00        |                                |                       | ~                |              |                              |           | 71 620            | 0  | 10 600          |  |  |
| PRODUCING DIRECTOR                          | 40.00        |                                |                       | X                |              |                              |           | 71,639.           | 0.   | 10,699.         |  |  |
| ALLISON DILLON                              |              |                                |                       | 12000            |              |                              |           |                   | -  |                 |  |  |
| MANAGING DIRECTOR                           | 40.00        |                                |                       | X                |              |                              |           | 71,639.           | 0.   | 6,801.          |  |  |
| -   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
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| ·   |              | _                              | H                     | _                | $\vdash$     | Н                            | _         |                   |  |                 |  |  |
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|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       | 11               |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                | $\vdash$              |                  |              |                              |           |                   |  |                 |  |  |
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|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
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|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
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|   |              |                                |                       |                  |              |                              |           | -                 |  |                 |  |  |
|   |              |                                |                       |                  |              |                              |           |                   |  |                 |  |  |
| LHA For Privacy Act and Panerwork Reduction | n Act Notice |                                | the                   | Inc              |              | 41                           | - 6-      | r Form 000        | Cohodulo I O   | (Form 990) 2008 |  |  |

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

Schedule J-2 (Form 990) 2008

### SCHEDULE L (Form 990 or 990-EZ)

FORM 990 OF 990-EZ

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

2008
Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization NASHVILLE ACADEMY THEATRE AND NASHVILLE

Employer identification number

Schedule L (Form 990 or 990-EZ) 2008

|  |                 |             | TITE ADD        |               |                 |                |           |          | 2 0                    | 55110  |          |          |  |
|--|-----------------|-------------|-----------------|---------------|-----------------|----------------|-----------|----------|------------------------|--|----------|----------|--|
| Part I Excess Benefit  | Transact        | ions (sect  | ion 501(c)(3) a | nd section    | n 501(c)(4)     | organizatio    | ns only)  | •2       |                        |  |          |          |  |
| To be completed by   | y organization  | s that ansv | wered "Yes" or  | n Form 99     | 0, Part IV,     | line 25a or 2  | 25b, or l | Form 99  | 0-EZ, Pa               | art V, line                                      | 40b.     |          |  |
| 1 (2) No. 25 di  |                 |             |                 | (c) Corrected |                 |                |           |          |                        |  |          |          |  |
| (a) Name of di   | squalified per  | son         |                 |               | (b) [           | Description of | of transa | action   |                        |  | Yes      | No       |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  | 1        |          |  |
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|  |                 |             |                 |               |                 |                |           |          |                        |  | -        |          |  |
|  |                 |             |                 |               | 1.72            | 77 15 15       |           | 7        |                        |  | <u></u>  |          |  |
| 2 Enter the amount of tax imp  |                 | 11000       |                 |               | 57              | -              | 8         |          | 920 80                 |  |          |          |  |
| section 4958   |                 |             |                 |               |                 |                |           |          | . 🕨 \$                 |  |          |          |  |
| 3 Enter the amount of tax, if a  | any, on line 2, | above, reir | nbursed by the  | e organiza    | ation           |                |           |          | . 🕨 \$                 |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
| Part II Loans to and/o   | or From Int     | terested    | Persons.        |               |                 |                |           |          |                        |  |          |          |  |
| To be completed by   | y organization  | s that ansv | wered "Yes" or  | n Form 99     | 0, Part IV,     | line 26, or F  | orm 990   | )-EZ, Pa | rt V, line             | 38a.   |          |          |  |
| (a) Name of interested   | (b) Loan        | to or from  | (c) Original    | principal     | (d) Balance due |                | (e        | ) In     | (f) Approved           |  | (g) W    | ritten   |  |
| person and purpose   | the orga        | nization?   | amou            |               |                 |                | default?  |          | by board or committee? |  | agree    | ment?    |  |
|  | То              | From        |                 |               |                 |                | Yes       | No       | Yes                    | No   | Yes      | No       |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  | 1.5.5    | 13.5     |  |
|  | 1               |             |                 |               |                 |                |           | <b>-</b> |                        | 1  |          |          |  |
|  | +               |             |                 |               |                 |                | $\vdash$  |          |                        | <del>                                     </del> |          |          |  |
|  | +               |             | -               |               |                 |                |           | -        |                        | -  |          |          |  |
|  |                 |             | -               |               |                 |                |           |          |                        | 1  | <b> </b> |          |  |
|  |                 |             |                 |               |                 |                | _         |          |                        |  | -        |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
| Total  | -1 D-           | 6141        |                 | > \$          | _               |                |           |          |                        | 1 T  |          |          |  |
| Part III Grants or Assi  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
| To be completed by   | y organization  | s that ansv | wered "Yes" or  | n Form 99     | 0, Part IV,     | line 27.       |           |          |                        |  |          |          |  |
| (a) Name of interested   | person          |             | (b) Relations   |               |                 |                | and       |          |                        | unt of gr  |          | pe       |  |
|  |                 |             |                 | the or        | ganization      |                |           |          | C                      | of assista                                       | ance     |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           | _        |                        |  |          |          |  |
| Part IV   Business Trans   | sactions Ir     | volving     | Interested      | Person        | S.              |                |           |          |                        |  |          |          |  |
| To be completed by   |                 | _           |                 |               |                 | lines 28a 2    | 8h or 2   | 80       |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          | Docorin                | tion of  | (e) Sha  | aring of |  |
| (a) Name of interested person (b) Relationship between interested (c) Amount of person and the organization (d) Description of transaction |                 |             |                 |               |                 |                |           |          |                        |  | organiz  | zation's |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          | nues?    |  |
| TANDE TOTAL  |                 | TM          | MED T 3 ME      | D A CIM       | CITAT           | 4.0            | 000       | m 2 1/   | D437 T                 | - C 3  | Yes      | No       |  |
| TAMMY JOHNSON  |                 | IM          | MEDIATE         | PAST          | CHAI            | 40             | ,000      | . TAM    | IMX T                  | S A  |          | X        |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
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|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |
|  |                 |             |                 |               |                 |                |           |          |                        |  |          |          |  |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:          |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| COMPELLING VOICE TO THE CREATION OF MEANINGFUL THEATRE FOR NASHVILLE    |  |  |  |  |  |  |  |  |  |  |
| COMPEDITING VOICE TO THE CREATION OF MEANINGFOR THEATRE FOR MASHVIDLE   |  |  |  |  |  |  |  |  |  |  |
| 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.

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 A, LINE 10: 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) 2008

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIATION

Employer identification number 62-0637709

| FORM 990, PART XI, LINE 2C  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.                    |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: |  |  |  |  |  |  |  |  |  |
| (A) NAME OF PERSON: TAMMY JOHNSON                                   |  |  |  |  |  |  |  |  |  |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:        |  |  |  |  |  |  |  |  |  |
| IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS                      |  |  |  |  |  |  |  |  |  |
| (C) AMOUNT OF TRANSACTION \$ 40000.                                 |  |  |  |  |  |  |  |  |  |
| (D) DESCRIPTION OF TRANSACTION: TAMMY IS A SR. VICE PRESIDENT AT    |  |  |  |  |  |  |  |  |  |
| REGIONS. THE THEATRE HOLDS A MONEY MARKET ACCOUNT WITH REGIONS.     |  |  |  |  |  |  |  |  |  |
| (E) SHARING OF ORGANIZATION REVENUES? = NO                          |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
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Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  |  |            |                              |  |  |  |  |  |  |  |  |  |  |
|--|--|------------|------------------------------|--|--|--|--|--|--|--|--|--|--|
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).   |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.   |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| Pai  | Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).   |            |                              |  |  |  |  |  |  |  |  |  |  |
| A co   | poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com  | plete      |                              |  |  |  |  |  |  |  |  |  |  |
| Part   | Part I only  |            |                              |  |  |  |  |  |  |  |  |  |  |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| Туре   | , ,  | Emp        | loyer identification number  |  |  |  |  |  |  |  |  |  |  |
| print  |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| File by  | CHILDRENS THEATRE ASSOCIATION  | 62-0637709 |                              |  |  |  |  |  |  |  |  |  |  |
| due da<br>filing y   | Number, street, and room or suite no. If a P.O. box, see instructions. 724 SECOND AVENUE SOUTH   |            |                              |  |  |  |  |  |  |  |  |  |  |
| return.<br>instruc   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NASHVILLE, TN 37210  |            |                              |  |  |  |  |  |  |  |  |  |  |
| Chec   | k type of return to be filed(file a separate application for each return):   |            |                              |  |  |  |  |  |  |  |  |  |  |
| X  | X       Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         Form 990-PF       Form 1041-A       Form 8870 |            |                              |  |  |  |  |  |  |  |  |  |  |
| JEAN JOHNSON  • The books are in the care of ▶ 724 SECOND AVENUE SOUTH - NASHVILLE, TN 37210  Telephone No. ▶ (615)254-9103 FAX No. ▶  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.  |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or  □ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .  |  |            |                              |  |  |  |  |  |  |  |  |  |  |
| 2  | 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period   |            |                              |  |  |  |  |  |  |  |  |  |  |
| За   | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |            |                              |  |  |  |  |  |  |  |  |  |  |
|  | nonrefundable credits. See instructions.   | За         | \$                           |  |  |  |  |  |  |  |  |  |  |
| b  | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated  |            |                              |  |  |  |  |  |  |  |  |  |  |
|  | tax payments made. Include any prior year overpayment allowed as a credit.   | 3b         | \$                           |  |  |  |  |  |  |  |  |  |  |
| С  | Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,  |            |                              |  |  |  |  |  |  |  |  |  |  |
|  | deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | 3с         | \$ N/A                       |  |  |  |  |  |  |  |  |  |  |
| Caut   | on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form  | 8879-      | EO for payment instructions. |  |  |  |  |  |  |  |  |  |  |

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