DAA

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

tax year beginning 7/01/07, and ending 6/30/08

OMB No 1545-1150 2007

Open to Public Inspection

Α	For the 2007 calen	idar year,	or tax year beginning	7/U1/U7 , and	ending 5	<u> </u>	8		
В	Check if applicable	Please	C Name of organization	n				D Emp	loyer identification number
\mathbb{H}	Address change Name change	use IRS label or	CIRCLE PLAT	YERS. INC.				62	-0547373
Н	Initial return	print or type.		or P O box, if mail is not deliver	ed to street addr	ress)	Room/suite		phone number
H	Termination	See	P.O. BOX 19		00 10 011 001 000	000,			5-254-0113
П	Amended return	Specific Instruc-		r country, and ZIP + 4					up Exemption
П	Application pending	tions.	NASHVILLE	·	37219-0	0592		Num	·
-				nonexempt charitable tru			G Accounting	method	Cash X Accrual
<u>ത</u>			npleted Schedule A (Fe	·			Other (specify)	>	
2003	Website:						H Check ▶		organization
<u>چا</u>	Organization type	(check only	one)— X 501(c) (3) ◀ (insert no) 4	947(a)(1) or	527	is not requ	ured to atta 3 (Form 990	ch), 990-EZ, or 990-PF)
₹				09(a)(3) supporting organiza	ation and its gr	ross receipts			
		_		eturn, be sure to file a comp		•	-		
MAR				receipts, if \$100,000 or moi		90 instead o	f Form 990-EZ	▶ \$	47,408
F				ges in Net Assets or				of the ir	
			ts, and similar amounts rec					1	4,890
SCANNED			nue including governme					2	40,718
\mathbf{z}	3 Membershi	p dues and	d assessments					3	
	4 Investment	-		•			-	4	
Š	5a Gross amor	unt from s	ale of assets other than	inventory	5	5a			
	b Less cost of	or other ba	isis and sales expenses	3		5b		<u> </u>	
			•	ory Subtract line 5b from line 5a	(attach schedule	e)			
95		-		e) If any amount is from ga	•		▶ 🗍		
Revenue	a Gross reve				ı				
å	reported on	•	<u> </u>		6	6a			
	b Less direct expenses other than fundraising expenses 6b 6b								
	c Net income			6c	ſ				
			ory, less returns and alle		1	7a			
	b Less cost of		• •	•		7b		_	
	i	•	• • • • • • • • • • • • • • • • • • • •	Subtract line 7b from line 7	a			7c	
	8 Other rever	-		ATEMENT 1	•	• •	•) 8	1,800
		•	nes 1, 2, 3, 4, 5c, 6c, 7d	c, and 8				9	47,408
			nounts paid (attach sche					10	
	11 Benefits pa		, ,			•		11	
w	1		ensation, and employee	benefits				12	
penses			other payments to inde				•	13	
	14 Occupancy	, rent, utili	ties, and maintenance					14	
Ä	15 Printing, pu	olications.	postage, and shipping					15	
	16 Other expe		LUSEE ST	'ATEMENT 2	•	•) 16	41,223
			lines 10 through 6				I	17	41,223
- \$3			the 2000 Gub let line	17 from line 9				18	6,185
Net Assets				om line 27, column (A)) (must agr	ee with end-of-year	figure reported of	on prior year's return)	19	2,034
# A			assets or tund balances		_	_		20	
ž		7/7/1		Combine lines 18 through 20)			21	8,219
F				n line 25, column (B) are \$2		e, file Form	990 instead of F	orm 990-	EZ.
		(See	page 60 of the instructi	ions.)		(A)	Beginning of year		(B) End of year
22	Cash, savings, and	ınvestmer	its				5,32		8,219
23	Land and buildings							23	
24	Other assets (descr	nbe 🕨		·	·	_)		24	
25	Total assets	•					5,32	29 25	8,219
26	Total liabilities (de	scribe 🕨	SEE STATE	MENT 3	•	_)[3,29	5 26	0
27	Net assets or fund	balances	(line 27 of column (B)	must agree with line 21)			2,03	34 27	8,219
				see the separate instruct	ions		- 		Form 990-EZ (2007)

orn	n 990-EZ (2007) CIRCLE PLAYERS, INC.	62-0	547373				P	age 2
	art III Statement of Program Service Accomplishments (Se				Exp	ense		-3
/ \ha	it is the organization's primary exempt purpose?			(Required	for 50)1(c)(3)
T	O PROMOTE THE FINE ARTS.	<u> </u>	·	a	nd (4) or	janiza	ations	
	cribe what was achieved in carrying out the organization's exempt purposes. In a clea		· ·	and 4947(a)(1) trusts;				
lesc	chbe the services provided, the number of persons benefited, or other relevant inform				ptional fo	r othe	ers)	
28	THE ORGANIZATION PRODUCED AND PRESENTED	THEATRICAL	ı		}			
	PERFORMANCES DURING THE YEAR			(
					,		20 (-0-
29	(Grants \$) If this amount includes foreign grants, check	here		28a			28,	393
29				{				
		•			ļ			
	(Grants \$) If this amount includes foreign grants, check	here	▶ □	29a				
30	7 in this amount molecule for granto, or our							
			• •]	}			
((Grants \$) If this amount includes foreign grants, check	here .	. ▶ 🗍	30a				
31	Other program services (attach schedule)							
9	(Grants \$) If this amount includes foreign grants, check	here	▶ □	31a	l			
32	Total program service expenses. Add lines 28a through 31a		> _	32			28,	595
Pa	art IV List of Officers, Directors, Trustees, and Key Employees (List each of Control of							
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,		Contributions e benefit plai		(E) Exp	
	(A) Name and address	devoted to position	enter -0)		d compensat		ther allow	
SBE	STATEMENT 4	1		}		Į		
		AS NEEDED				\dashv		
		{	ļ	(į		
				-		+		
	•	1						
		 	 	├		+		
	•	}	}	}		- 1		
P	art V Other Information (Note the statement requirement in (General Instruction	on V.)	<u> </u>			Yes	No
 33	Did the organization make a change in its activities or methods of conducting activi							
	detailed statement of each change				Ĺ	33		<u> </u>
34	Were any changes made to the organizing or governing documents but not reporte	ed to the IRS? If "Yes,"	•		-			
	attach a conformed copy of the changes				Ĺ	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, an	nd 7 (among others), but r	not		j		1 1	
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income	e on Form 990-T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or 6	033(e) notice, reportin	ig, and]	İ		7.5
	proxy tax requirements?				}	35a_		X
b	•	·			-	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the	ne year? If "Yes," attac	ch a			20	1	x
	statement	_	15-1		ol	36_		
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	•	37a			27h		X
b cos		e or key amployee a	r were		1	37 <u>b</u>	┟─┤	
38a	Did the organization borrow from, or make any loans to, any officer, director, truste any such loans made in a prior year and still unpaid at the start of the period covered		WEID		}	38a		x
h			i i		ł	,,, a		
b	involved	w·	38b		- (
39	501(c)(7) organizations Enter							
a	Initiation fees and capital contributions included on line 9		39a			,		
b			39ь				L	

employed

EIN

Phone

no 🕨

Form 990-EZ (2007)

signature

Firm's name (or yours

if self-employed),

address, and ZIP +

Preparer's

Use Only

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Part I				<u>62-054737</u>	
	Compensation of the Five Highest Paid Employee (See page 1 of the instructions. List each one. If the		and Trustees		
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(a) Composition	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and othe allowances
ONE					
			<u> </u>		
otal number o	f other employees paid over \$50,000				
Part II-A	Compensation of the Five Highest Paid Independer (See page 2 of the instructions. List each one (whe				"None.")
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of se		Compensation
one.					
			····		
					
·					
	·				- <u>-</u>
fotal number of professional se	f others receiving over \$50,000 for	.]			
Part II-B	Compensation of the Five Highest Paid Independed (List each contractor who performed services other firms. If there are none, enter "None." See page 2	r than professional sen		individuals o	or
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of se	ervice (c)	Compensation
ONE					
	· · · · · · ·	1			
	·				
	•				····
		- 			
Total number of \$50,000 for other	f other contractors receiving over	.			
	k Reduction Act Notice, see the Instructions for Form 990 and F	orm 990-EZ.	Schedule	A (Form 990 o	r 990-EZ) 20(

sch	edule A (Form 990 or 990-EZ) 2007 CIRCLE PLAYERS, INC.	62-054/3/3		F	age 2
P	art III · Statements About Activities (See page 2 of the instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	n line 38,	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)	•			
а	Sale, exchange, or leasing of property?		2a		x
b	Lending of money or other extension of credit?		2b		х
С	Furnishing of goods, services, or facilities?		2c		x
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		x
е	Transfer of any part of its income or assets?		2e_		x
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	on	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?		3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3с_		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		х
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?		4a 4b		x
C	Did the organization make a distribution to a donor, donor advisor, or related person?		4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	>			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	>			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•		0	<u></u>
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year				

	arτ ι	V Reason for Non-Private Founda	ation Status (See	pages 4 through 8	of the instr	ructions.)			
l cer 5	tify th	at the organization is not a private foundation be A church, convention of churches, or associatio			ox)				
6		A school Section 170(b)(1)(A)(ii) (Also complete	te Part V)						
7		A hospital or a cooperative hospital service orga	anization Section 170(b)	(1)(A)(iii)					
8		A federal, state, or local government or government	nental unit. Section 170(t	o)(1)(A)(v)					
9		A medical research organization operated in col	njunction with a hospital	Section 170(b)(1)(A)(iii)	Enter the ho	spital's name, c	ity,		
		and state ▶	•						
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part IV		or operated by a govern	nmental unit. S	ection 170(b)(1)(A)(ıv)		
11a		An organization that normally receives a substa 170(b)(1)(A)(vi) (Also complete the Support So		om a governmental unit	or from the ge	neral public Sect	ion		
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	t Schedule in Part IV-A)				
12	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 charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13		An organization that is not controlled by any discrequirements of section 509(a)(3) Check the bo	Type III-Functionally Int	e of supporting organizat	tion. pe III-Other		······································		
		Provide the following inform	ation about the suppor	rted organizations. (Se	e page 8 of the	e instructions)			
		(a)	(b)	(c)	(d)	(e)		
	1	Name(s) of supported organization(s)	Employer	Type of	Is the s	upported	Amount of		
			identification	organization	organizati	on listed in	support		
			number (EIN)	(described in lines	the su	pporting			
				5 through 12		zation's			
				above or IRC section)	governing	documents?			
					Yes	No			
									
Tota	Ι.		· · · · · · · · · · · · · · · · · · ·			•			
14	$\perp \downarrow$	An organization organized and operated to test	for public safety. Section	509(a)(4). (See page 8	of the instruct	ons)	000 000 57\ 200		

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note	: You may use the worksheet in the instruc	tions for converting from	the accrual to the c	ash method of account	ng.		
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants. See line 28.)	16,000					16,000
<u>16</u> _	Membership fees received						0
17	Gross receipts from admissions, merchandise				1		
	sold or services performed, or furnishing of				1		
	facilities in any activity that is related to the					1	
	organization's charitable, etc., purpose	35,350					35,350
18	Gross income from interest, dividends,	1				ļ	
	amounts received from payments on secunties						
	loans (section 512(a)(5)), rents, royalties,]]		J	J		
	income from similar sources, and unrelated business taxable income (less section 511	!		}		1	
	taxes) from businesses acquired by the						
_	organization after June 30, 1975						0
19	Net income from unrelated business						
	activities not included in line 18			<u> </u>			0
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on				İ		
	its behalf			}	}	ł	0
21	The value of services or facilities furnished to						
	the organization by a governmental unit			1		- 1	
	without charge. Do not include the value of					ſ	
	services or facilities generally furnished to the public without charge			ļ			0
22	Other income Attach a schedule Do not						
	include gain or (loss) from sale of capital assets STMT 5	1,314				ľ	1,314
23	Total of lines 15 through 22	1,314 52,664		<u> </u>	<u> </u>		1,314 52,664
24	Line 23 minus line 17	17,314			1		17,314
25	Enter 1% of line 23	527			1		
26	Organizations described on lines 10 or		amount in column (e), (ine 24	•	26a	0
	Prepare a list for your records to show the				•		
~	governmental unit or publicly supported o			•			
	amount shown in line 26a Do not file thi				•	26b	
c	Total support for section 509(a)(1) test: E	•			•	26c	
q	Add Amounts from column (e) for lines	18		•	•		
-	, and , and and a control (o), to a more	22	26b		•	26d	
	Public support (line 26c minus line 26d to					26e	
f	Public support percentage (line 26e (n	,	ine 26c (denominat	or))		26f	%
27	Organizations described on line 12:			nd 17 that were receive			
	person," prepare a list for your records to						
	Do not file this list with your return. En			ou in cuon your nom, o	aon aioquaimea p	0.00	
	•	2005)	0 (200	04)	0 (2003	Y	0
h	For any amount included in line 17 that wa	•	•	•	,	•	
J	show the name of, and amount received f	•	•		•		
	(Include in the list organizations described	•	-	• •			
	the difference between the amount receiv	- -		· ·	-		· •
	amounts) for each year	ca and the larger amoun	in accombac in (1) of	(2), chief the built of the	icoo ameronoco (a	10 0200	
	·	2005)	0 (200	247	0 (2003	١	0
_	(2000)		5,000 16	J-1)	.0 (2000	,	•
C	Add. Amounts from column (e) for lines 17 35,3		21			27c	51,350
						27d	31,330
d		and line 27b				27e	51,350
Ð	Public support (line 27c total minus line 27c total		column (a)	▶ 27f	52,664	-	31,330
f	Total support for section 509(a)(2) test. E		· •	·	<u> </u>	1 1	97.5049%
9	Public support percentage (line 27e (no		· ·	• •		27g 27h	
h					2003 through 2000		%
28	Unusual Grants: For an organization des			-			
	prepare a list for your records to show, for	•			-		
_	description of the nature of the grant. Do	not the this list with yo	our return. Do not in	ciude mese grants in lin	E_13		

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 32 Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	ig the year, and the digaritzation attends to minorinal state or local regulation, make any	Yes	No	Δ
itten	npt to influence public opinion on a legislative matter or referendum, through the use of	163	140	
а	Volunteers .			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
С	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes	il		

Direct contact with legislators, their staffs, government officials, or a legislative body

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

62	_ 0	5	4	73	7	3
UZ	- 4	_	_		, ,	_

Page 7

Ciledule A (Form	1 990 01 990-EZ) 2001	CINCID I	THE LUKE !	T14C •	02-0347373
Part VII ,	Information Reg	arding Transfe	ers To and T	Transactions a	and Relationships With Noncharitable
	Exempt Organiz	ations (See na	ane 14 of the	e instructions	1

_			Exempt Organiza	ations (Se	ee page 14 of the instruction	ns.)			
51	Did th					h any other organization described in section			
					organizations) or in section 527, re				
а					oncharitable exempt organization of			Yes	No
	(i)	Cash			_		51a(ı)		X
	(ii)	Other	assets		• •		a(ii)		X
b	Other	transa	ctions:						
	(i)	Sales	or exchanges of asset	s with a nonc	charitable exempt organization	<u></u>	b(i)		X
	(ii)	Purcha	ases of assets from a r	noncharitable	exempt organization		b(ii)		X
	(iii)	Rental	l of facilities, equipmen	it, or other as	sets		b(iii)		X
	(iv)	Reimb	ursement arrangemen	ts			b(iv)		X
	(v)	Loans	or loan guarantees				b(v)		X
	(vi)	Perfor	mance of services or n	nembership o	or fundraising solicitations		b(vi)		X
С	Sharii	ng of fa	cilities, equipment, ma	iling lists, oth	er assets, or paid employees		с		X
d	If the	answei	to any of the above is	"Yes," comp	lete the following schedule Column	(b) should always show the fair market value of the			
	goods	s, other	assets, or services give	ven by the re	porting organization. If the organizat	ion received less than fair market value in any			
	transa	action o	r sharing arrangement	, show in col	umn (d) the value of the goods, othe	er assets, or services received.			
	(a)		(b)		(c)	(d)			
	Line no		Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharing arr	angem	ents	
N/	A								
			· · · · · · · · · · · · · · · · · · ·						
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			<u> </u>	J					
52a		-	=	=	with, or related to, one or more tax-		_		a
	descr	ibed in	section 501(c) of the C	Code (other the	nan section 501(c)(3)) or in section !	527? ► [Ye	es [X	N
<u>b</u>	If "Ye	s," com	plete the following sch	edule	,				
			(a) lame of organization		(b) Type of organization	(c) Description of relationship			
	7/3				Type of organization	Description of relationship			
	N/A								
									
									
					ļ				
					 				
					ļ	<u> </u>			
									
					 				—
					 				
					<u> </u>			——	
					 				
					<u> </u>				
						Schedule A (Form 99	0 or 9	90-EZ)	200

01702 Circle Players, Inc.

62-0547373

Federal Statements

FYE: 6/30/2008

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

	Description					
RENTAL I	NCOME -	SUBLET	MADISO	\$_	1,800	
TOT	AL			\$_	1,800	

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
_	\$
EXPENSES	
ONSTAGE EXPENSES	8,232
ROYALTIES & SCRIPTS	2,465
THEATER RENTAL	9,000
CONSESSIONS	100
MUSICIANS	1,400
PROGRAMS	4,298
WAREHOUSE, UTILITIES, ETC.	12,528
PROMOTIONAL EXPENSES	3,200
TOTAL	\$ 41,223

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,295	\$		
TOTAL	\$ 3,295	\$0		

r 0 0 0 0 0 0 0 0 0 Expenses 4 0 0 0 0 0 0 0 0 0 Benefits Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key 0 0 0 0 0 0 Compensation 0 0 0 Average Federal Statements Hours Employees 0 0 0 0 0 0 0 0 0 BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER VICE PRESIDE TREASURER SECRETARY PRESIDENT Title TIM LARSON 932 FALLING WATER COURT NASHVILLE TN 37221 1440 WEXFORD DOWNS LANE NASHVILLE TN 37211 Name and 5061 HILL PLACE DRIVE Address 01702 Circle Players, Inc. 909 AMBERWOOD CIRCLE NASHVILLE TN 37221 1906 EASTSIDE AVENUE NASHVILLE TN 37206 1703 RIVERSIDE DRIVE 1009 MAXWELL AVENUE MELODY FOWLER-GREEN NASHVILLE TN 37210 NASHVILLE TN 37205 37206 103 HAMPTON PLACE NASHVILLE TN 37215 NASHVILLE TN 37216 2709 DRUID DRIVE JEANNE ACKERLEY DAVID MCGINNIS ROBERT DILLARD REGINE MCCLAIN FYE: 6/30/2008 BUZZ JACOWAY NASHVILLE TN RANDY PARHAM JIM MANNING 62-0547373

	•	Expenses	0	0	0	
		Benefits	0	0	0	
	Part IV - List of Officers, Directors, Trustees and Key Employees (continued)	Compensation	0	0	0	
Federal Statements	of Officers, Directo (continued)	Average Hours	0	0	0	
Federal S	Form 990EZ, Part IV - List Employees	Title	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	
01702 Circle Players, Inc. 62-0547373 FYE: 6/30/2008	Statement 4 - Form 990EZ,	Name and Address	TERRY MCLEMORE 250 SAUNDERS FERRY ROAD HENDERSONVILLE TN 37075	KAREN MILLER P.O. BOX 50733 NASHVILLE TN 37205	WELL ROAD	
01702 Circle Pl 62-0547373 FYE: 6/30/2008			TERRY MCL 250 SAUND HENDERSON	KAREN MILLER P.O. BOX 507 NASHVILLE TN	DJ RANTA 7444 BIDWELL ROAD JOELTON IN 37080	

017,02 Circle Players, Inc.

62-0547373 FYE: 6/30/2008

Federal Statements

Statement 5 - Schedule A, Part IV-A, Line 22 - Other Income

Description		2006	2005		2004		2003	
SPECIAL EVENTS	\$		\$		\$		\$	
MISCELLANEOUS INCOME		1,314					_	
TOTAL	\$	1,314	\$	0	\$	0	\$_	0

017,02 Circle Players, Inc. 62-0547373

FYE: 6/30/2008

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description

		Beginning of Year	_	Accum Depr	_	End of Year	_	Accum Depr	
	\$_	11,187	\$_	11,187	\$_	11,187	\$	11,187	
TOTAL	\$	11,187	\$	11,187	\$_	11,187	\$	11,187	

Form

Application for Extension of Time To File an

Exempt Organization Return OMB No 1545-1709 (Rev April 2008) Department of the Treasury File a separate application for each return. Internal Revenue Service 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 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete 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. Name of Exempt Organization **Employer identification number** Type or print CIRCLE PLAYERS, INC. 62-0547373 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your P.O. BOX 190592 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions NASHVILLE TN 37219-0592 Check type of return to be filed (file a separate application for each return) 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 The books are in the care of
MR. JIM MANNING Telephone No ▶ 615-332-7529 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 . If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 2/17/09 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year tax year beginning 7/01/07, and ending 6/30/08. If this tax year is for less than 12 months, check reason Initial return | Final return Change in accounting period 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 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 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 3с System). See instructions

Caution. 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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2008)