

Form **990-EZ**

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

OMB No. 1545-0045

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning **June 1**, 2006, and ending **May 31**, 20 **07**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
International Museum Theater Alliance
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
c/o Whitaker Center 222 Market St
City or town, state or country, and ZIP + 4
Harrisburg, PA 17101

D Employer identification number
04 3233931

E Telephone number
(717) 221 8201

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method. ☒ Cash ☐ Accrual
Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **www.imtal.org**

J Organization type (check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **3464.98**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0.00
	2	Program service revenue including government fees and contracts	2	0.00
	3	Membership dues and assessments	3	2500.00
	4	Investment income	4	9.98
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0.00
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ reported on line 1)	6a	
	6b	Less: Direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0.00
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0.00
	8	Other revenue (describe Regional Conference)	8	955.00
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	3464.98
	10	Grants and similar amounts paid (attach schedule)	10	0.00
	11	Benefits paid to or for members	11	0.00
	12	Salaries, other compensation, and employee benefits	12	0.00
	13	Professional fees and other payments to independent contractors	13	800.00
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	659.95
	15	Printing, publications, postage, and shipping	15	1046.84
	16	Other expenses (describe Regional Conference expenses)	16	1957.84
	17	Total expenses (add lines 10 through 16)	17	4464.63
	18	Excess or (deficit) for the year (line 9 less line 17)	18	(999.65)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13364.50
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	12364.85

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.		
(See page 51 of the instructions.)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13364.50	22 12364.85
23 Land and buildings	0.00	23 0.00
24 Other assets (describe ►)	0.00	24 0.00
25 Total assets	13364.50	25 12364.85
26 Total liabilities (describe ►)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13364.50	27 12364.85

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2006)

STATUTE UNIT RECEIVED NOV 11 2010

SCANNED NOV 30 2010

51 15NE

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <u>Professional and educational organization</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28 See Attached	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached form				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37a		✓
b Did the organization file Form 1120-POL for this year?	37b		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		✓
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed. ▶ Massachusetts

42a The books are in care of ▶ Hyla Crane, Treasurer c/o Stepping Stones Museum Telephone no. ▶ (203) 899-0606

Located at ▶ Mathews Park, 303 West Ave Norwalk, CT ZIP + 4 ▶ 06850

b 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)?

If "Yes," enter the name of the foreign country. ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country. ▶ _____

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ [Signature] Date ▶ 10-23-10

Type or print name and title ▶ Hyla Crane, Treasurer

**Paid
Preparer's
Use Only**

Preparer's signature ▶ [Signature] Date ▶ 10-23-10 Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen. Inst. X) ▶ 04-2348630
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ The Wild Associates Inc EIN ▶ 04-2348630
389 Main St, Suite 202 Malden MA 02148 Phone no ▶ (781) 397-8870

Form **990-EZ** (2006)



Statement of Program Service Accomplishments
(Form 990-EZ Part III)
2006-2007

Newsletter: Eight page quarterly newsletter currently serving seventy five members. Provides informational and educational articles relevant to Museum Theater as well as notice of upcoming events of interest to professionals in the field.
Expense \$1011.88

Listerv: Networks Museum Theater professionals for the purpose of discussion, information sharing, and support
Expense \$64.00

Website: Serves as a source of information and support for those in the field of museum theater as well as a source of educational information for museum professionals.
Expense \$1414.95

Annual Meeting: Hosts an informational luncheon and performance showcase for "New Work" and "Best Practices" in the field of museum theatre while serving to educate the 5,000+ attendees of the Association of American Museums conference about the museum theater movement.
Expense \$1335.00

List of Officers, Directors, Trustees and Key Employees				
(Form 990-EZ Part IV)				
2006-2007				
(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Paul Taylor The Franklin Institute 222 N 20 th Street Philadelphia, PA 19103	President 1	0	0	0
George Buss Public Programs Manager Whitaker Center for Science and the Arts 222 Market St Harrisburg, PA 17101	Interim Vice President and Treasurer 5	0	0	0
Lynda Kennedy Independent Specialist in Arts and Core Subject Integration 3045 Hobart St., D5C Woodside, NY 11377	Past President 0.5	0	0	0
Jillian S. Finkle Manager of Theatre and Early Childhood Programs National Children's Museum 955 L'Enfant Plaza North, SW Suite 5100 Washington, DC 20024	Secretary 0.5	0	0	0
Christina M. Myatt Theatrical Programming Coordinator Putnam Museum 1717 West 12th Street Davenport IA 52804	Membership Officer 0.5	0	0	0
Simone Mortan Monterey Bay Aquarium 886 Cannery Row Monterey, CA 93940	Publications Officer 0.5	0	0	0