

# 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)

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning 7/1/2004, and ending 6/30/2005

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

**C** Name of organization: **COCOA VILLAGE PLAYHOUSE, INC.**

**D** Employer identification number: **59-2612709**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1519 CLEARLAKE ROAD**

**E** Telephone number

City or town State or country ZIP + 4  
**COCOA FL 32922**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

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

- H and I** are not applicable to section 527 organizations
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ N/A

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number ▶

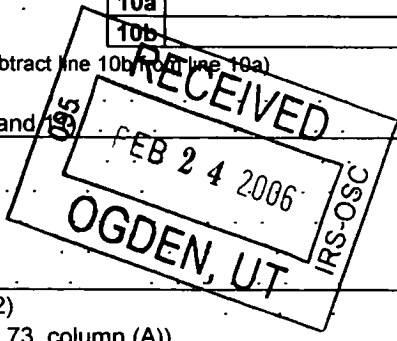
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **818,707**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)**

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received									
<b>a</b> Direct public support		91,707							
<b>b</b> Indirect public support									
<b>c</b> Government contributions (grants)		9,509							
<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)								101,216	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								657,412	
<b>3</b> Membership dues and assessments								0	
<b>4</b> Interest on savings and temporary cash investments								15,834	
<b>5</b> Dividends and interest from securities								0	
<b>6 a</b> Gross rents		6a							
<b>b</b> Less: rental expenses		6b							
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)								6c 0	
<b>7</b> Other investment income (describe ▶ _____)								7 0	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
<b>b</b> Less: cost or other basis and sales expenses		0		0					
<b>c</b> Gain or (loss) (attach schedule)		0		0					
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))								8d 0	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>									
<b>a</b> Gross revenue (not including \$ _____ 91,707 of contributions reported on line 1a)		9a		33,625					
<b>b</b> Less: direct expenses other than fundraising expenses		9b		0					
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								9c 33,625	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a							
<b>b</b> Less: cost of goods sold		10b							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c 0	
<b>11</b> Other revenue (from Part VII, line 103)								11 10,620	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								12 818,707	
<b>13</b> Program services (from line 44, column (B))								13 553,508	
<b>14</b> Management and general (from line 44, column (C))								14 147,448	
<b>15</b> Fundraising (from line 44, column (D))								15 35,762	
<b>16</b> Payments to affiliates (attach schedule)								16 0	
<b>17</b> Total expenses (add lines 16 and 44, column (A))								17 736,718	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								18 81,989	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								19 385,868	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								20 0	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								21 467,857	

SCANNED MAR 20 2005



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize) a ADVERTISING, b ROYALTIES, c OTHER EVENT RELATED EXPENSES, d CONTRACTED SERVICES, e CAPITAL OUTLAY, f MISC, 44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: DIRECTED AND PRODUCED CULTURAL PERFORMANCES BENEFITING BREVARD COUNTY PROVIDED HISTORIC COCOA VILLAGE PLAYHOUSE TO OTHER CULTURAL PERFORMING ARTS GROUPS (Grants and allocations \$ )

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	700	<b>45</b>	700	
	<b>46</b> Savings and temporary cash investments	355,484	<b>46</b>	423,561	
	<b>47 a</b> Accounts receivable	72,037			
	<b>b</b> Less: allowance for doubtful accounts	0	47,214	<b>47c</b>	72,037
	<b>48 a</b> Pledges receivable	39,700			
	<b>b</b> Less: allowance for doubtful accounts	0	12,850	<b>48c</b>	39,700
	<b>49</b> Grants receivable	11,765	<b>49</b>	9,509	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)	0	<b>50</b>	0	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	0			
	<b>b</b> Less: allowance for doubtful accounts	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	1,581	<b>53</b>	145	
	<b>54</b> Investments—securities (attach schedule) <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>	0	<b>54</b>	0	
	<b>55 a</b> Investments—land, buildings, and equipment: basis	0			
	<b>b</b> Less: accumulated depreciation (attach schedule)	0	0	<b>55c</b>	0
	<b>56</b> Investments—other (attach schedule)	0	<b>56</b>	0	
	<b>57 a</b> Land, buildings, and equipment: basis	0			
	<b>b</b> Less: accumulated depreciation (attach schedule)	0	0	<b>57c</b>	0
<b>58</b> Other assets (describe <span style="float: right;">▶ _____ )</span>	0	<b>58</b>	0		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	429,594	<b>59</b>	545,652		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	41,096	<b>60</b>	77,594	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue	2,250	<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0	
<b>65</b> Other liabilities (describe <span style="float: right;">▶ GIFT CERTIFICATES )</span>	380	<b>65</b>	201		
<b>66 Total liabilities</b> (add lines 60 through 65)	43,726	<b>66</b>	77,795		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted	308,907	<b>67</b>	329,170	
	<b>68</b> Temporarily restricted	76,961	<b>68</b>	138,687	
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	385,868	<b>73</b>	467,857		
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	429,594	<b>74</b>	545,652		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	818,707
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	818,707
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	818,707

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	736,718
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	736,718
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	736,718

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 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
Name SEE ATTACHED Str VARIOUS	Title	0	0	0
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>BREVARD COMMUNITY COLLEGE</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	227,847
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	19
91	The books are in care of <b>Name BREVARD COMMUNITY COLLEGE</b> Telephone no. <b>321 433 7030</b> Located at <b>1519 CLEARLAKE ROAD</b> City <b>ST</b> ZIP + 4 <b>32922-6598</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions )

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> TICKET SALES					541,969
<b>b</b> STARS OF TOMORROW					15,493
<b>c</b> CORPORATE SPONSORS					27,243
<b>d</b> SERVICE CHARGES					72,707
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					15,834
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					33,625
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> MISC					10,620
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	717,491
<b>105</b> Total (add line 104, columns (B), (D), and (E))					717,491

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROCEEDS OF TICKET SALES USED TO MAINTAIN THE HISTORIC COCOA VILLAGE PLAYHOUSE
93B	PERFORMANCE LESSONS FOR CHILDREN
93C	SPONSORS FOR CULTURAL SHOWS AND EVENTS
93D	PER TICKET FEES TO COVER BOX OFFICE COMPUTER EQUIPMENT PURCHASES AND UPGRADES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

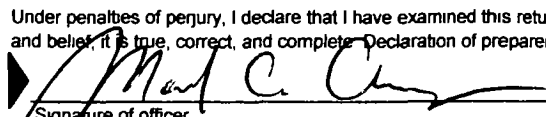
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

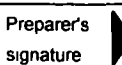
Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

  
Signature of officer

MARK C. CHERRY      AVP, FINANCIAL SERVICE  
Type or print name and title

---

Paid Preparer's Use Only

Preparer's signature 

Firm's name (or yours if self-employed), address, and ZIP + 4      XXXXXXXXXXXXX

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

COCOA VILLAGE PLAYHOUSE, INC.

59-2612709

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name ANASTACIA HAWKINS-SMITH Str 1519 CLEARLAKE ROAD City COCOA ST FLORIDA Zip 32922 Country	Title EXECUTIVE DIR. Avg hr/wk 40	60,320	4,782	
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 <span style="float:right">▶</span>				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services <span style="float:right">▶</span>		

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<p><b>1</b> 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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).</p> <p>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.</p>	1	X
<p><b>2</b> 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.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p><b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support 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 disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)



**Part IV-A 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 instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	178,876	268,694	45,813	31,692	525,075
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	568,847	624,819	614,101	550,161	2,357,928
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,203	5,433	8,801	14,981	38,418
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,661	0	5,117	8,016	15,794
23 Total of lines 15 through 22	759,587	898,946	673,832	604,850	2,937,215
24 Line 23 minus line 17	190,740	274,127	59,731	54,689	579,287
25 Enter 1% of line 23	7,596	8,989	6,738	6,049	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 11,586
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 38,414
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 579,287
d Add Amounts from column (e) for lines	18 38,418	19 0			
	22 15,794	26b 38,414			26d 92,626
e Public support (line 26c minus line 26d total)					26e 486,661
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.01%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines	15 0	16 0			
	17 0	20 0	21 0		
d Add Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
31	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group      Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	0	0												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0												
41	Lobbying nontaxable amount Enter the amount from the following table—														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	0
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0												

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c 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
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Large table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with X checked in No)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

**THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.**  
**BOARD OF DIRECTORS**  
Updated April 6, 2005

**Voting Members**

<u>APPOINTED</u>	<u>TERM</u>	<u>DATE</u>
1. Scott Baughan Attorney at Law Johnson & Baughan, P.A. P.O. Box 560695 Rockledge, FL 32956-0695 e-mail: sbaughan@jbcclaw.com 636-9600, fax: 632-4866 cell: 403-4078	1 <sup>st</sup> term (11/02 – 11/05)	11/02
2. Joan Cerow Realtor McCluskey Realty Inc. GMAC 4100 N. Wickham Road Suite #127 Melbourne, FL 32935 254-0908 (home) 752-0460 (work) 751-2966 (fax) 960-8500 (cell) JCerow@cfl.rr.com	3 <sup>rd</sup> term (4/04-4/07) Secretary (6/03 – 6/05)	3/98
3. Dr. Brenda Fettrow Campus President Cocoa Campus 1519 Clearlake Road Cocoa, FL 32922 433-7060, cell: 403-2635 fax: (321)433-7064 FettrowB@brevardcc.edu	BCC President Appointed Position, (6/02 - )	6/02
4. Walt Gilfilen 912 Jefferson Road Rockledge, FL 32955 (321) 631-1138, 543-9212 <i>Northern Address</i> 224 Hickory Lane Road Blowing Rock, NC 28605 (828) 295-3905 e-mail. wlgilf@wmconnect.com	2 <sup>nd</sup> term (2/04-2/07)	1/01

<p>5. Dewey Harris  Harris and Satterfield, P.A.  976 Brevard Avenue  Suite B  Rockledge, FL 32955  Dewey@harrisandsatterfield.com  452-7654 (home)  433-1191 (work)</p>	<p>2<sup>nd</sup> term (9/04 – 9/07)                      8/01  Treasurer (6/03 – 6/05)</p>
<p>6. C.R. “Rick” McCotter III  McCotter Ford  P O. Box 5729  Titusville, FL 32783  rick@mccotter.com  267-2112</p>	<p>2<sup>nd</sup> term (9/03 – 9/04)                      8/01  BCC Trustee, terms are annual  Appointed Position</p>
<p>7. Larry McIntyre  President, Clear Channel Outdoor  2890 Harper Road  Melbourne, FL 32904  Larrymcintyre@clearchannel.com  726-6611 x201 (Office)  726-1565 (FAX)</p>	<p>2<sup>nd</sup> term (9/02-9/05)                      9/99  President Elect (6/00–6/01)  President (6/01-6/02)  President (6/02-6/03)  Past President (6/03 – 6/04)</p>
<p>8. Susan Freeland Perers  Vice President, Corporate Development  American Business Interiors  2015 South Waverly Place  Melbourne, FL 32901  e-mail: susanp@abinteriors.com  www.abinteriors.com; abi2015@aol.com  723-5003 ext. 21, (fax) 984-4221</p>	<p>3<sup>rd</sup> term (3/04-3/07)                      2/98  President Elect (6/03 – 6/05)</p>
<p>9 Leona Pick  104 Riverside Drive #903  Cocoa, FL. 32922  636-9715 (Home)  LEOPICK@aol.com  <i>Northern Address</i>  Leona Pick  278 Harding Drive  Blowing Rock, NC 28605  828-295-0837</p>	<p>1<sup>st</sup> Term (12/03-12/06)                      12/03</p>
<p>10. Tom Price  President, Tom Price Enterprises  1996 Highway U.S 1  Rockledge, FL 32955  Tprice3261@aol.com  632-2554 work  639-0109 home</p>	<p>1<sup>st</sup> term (6/02 –6/05)                      6/02</p>

- |  |  |              |
|--|--|--------------|
| <p>11. Dixie Sansom<br/>         Director of Public Relations, Canaveral Port Authority<br/>         P. O. Box 267<br/>         Cape Canaveral, FL 32920<br/>         Dsansom@portcanaveral.org<br/>         783-7831 ex.244 (work), 633-8001 (home) 403-8976 (mobile)<br/>         1-800-697-5207 (pager), 783-3748 (fax)</p>                       | <p>2<sup>nd</sup> term (9/02-9/05)</p>   | <p>9/99</p>  |
| <p>12. Kathi Schillo<br/>         President/CEO Cocoa Beach Area Chamber of Commerce<br/>         400 Fortenberry Road<br/>         Merritt Island, FL 32952<br/>         e-mail: kschillo@cocoabeachchamber.com<br/>         on-line www.cocoabeachchamber.com<br/>         454-2020 (work), 459-2200 (home)<br/>         (229) 395-2175 (cell)</p> | <p>1<sup>st</sup> term (12/03-12/06)</p>   | <p>12/03</p> |
| <p>13. Jean Starkey<br/>         Aladdin Real Estate - ERA<br/>         1365 N. Courtenay Pkwy., Ste. C<br/>         Merritt Island, FL 32953-4484<br/>         e-mail: CJStarkey2@aol.com<br/>         on-line: www.aladdinera.com<br/>         452-1910 (work), 452-6676 (home)<br/>         427-5060 (cell)<br/>         452-7074 (fax)</p>       | <p>2<sup>nd</sup> term (1/02 – 1/05)<br/>         Treasurer (6/00–6/01)<br/>         President Elect (6/01-6/02)<br/>         President Elect (6/02-6/03)<br/>         President (6/03 – 6/05)</p> | <p>8/99</p>  |

**Non-Voting Members**

Anastacia Hawkins-Smith  
 Executive Director  
 Cocoa Village Playhouse  
 1604 Harvard Drive  
 Cocoa, FL 32922  
 636-5050 (work), 632-4722 (work)  
 591-5007 (cell)  
 635-4621 (digital pager)  
 e-mail. hawkinss@brevard.cc.edu

Patti Larson  
 Accounting Manager  
 Brevard Community College  
 5575 Datura Street  
 Cocoa, FL. 32927  
 637-1745 home  
 302-9212 cell  
 433-7040 work  
 larsonp@brevard cc edu

# CAPITAL CAMPAIGN

**Chairperson: Jean Starkey (see information above)**

**Honorary Chairperson**

Dr. Maxwell C. King  
1384 Walton Heath Ct.  
Rockledge, FL 32955  
kingm@worldnet.att.net  
(321)632-5659

Ron Taylor  
Volunteer Donor Solicitor  
117 St. Croix  
Cocoa Beach, 32931  
(321)213-1124  
rontaylor@msn.com

C:\My Documents\Board Meeting\Address List 2002-2003 NEW.doc

Revised. 4/6/05



**Line 1a (990) - Direct public support**

1	Contributions	1	91,707
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	0
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	91,707

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1	Special event name Stars				
1a	Number of special events				
2	Gross receipts	33,625			33,625
3	Less contributions				0
4	Gross revenue	33,625	0	0	33,625
5	Less direct expenses				0
6	Net income or (loss)	33,625	0	0	33,625

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CAST CONSIGNMENTS	341	1,300		
2	BCC AGENCY FUND	46,873	69,480		
3	SPIA INTEREST	0	1,257		
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	47,214	72,037	0	0

**Line 48 (990) - Pledges receivable**

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	CITY OF COCOA REDEVELOPMENT AGENC	0			
2	ANDERSON, J. PATRICK	1,000			
3	BARNHART, SARA	500			
4	KIRKLAND, KAREN	500			
5	MCINTYRE, LARRY	0			
6					
7	SEE CAPITAL CAMPAIGN REPORT	10,850	39,700		
8					
9					
10					
11	Total pledges receivable	12,850	39,700	0	0

**COCOA VILLAGE PLAYHOUSE, INC.**  
**CAPITAL CAMPAIGN**  
**PROJECT REVENUE/PLEDGE RECONCILIATION**  
**AS OF JUNE 30, 2005**

Project Revenue/Pledges	\$	327,975.00
Less payments		(325,162.00)
Add back payments in excess of pledges		<u>36,887.00</u>
Pledge Receivable as of June 30, 2005		39,700.00
Less balance due from prior year accrual(s)		<u>(12,850.00)</u>
<b>FY2004 Pledge receivable adjusting entry</b>	<b>\$</b>	<b>26,850.00</b>

**COCOA VILLAGE PLAYHOUSE  
CAPITAL CAMPAIGN PROJECT REPORT  
AS OF JUNE 30, 2005**

INDIVIDUAL - DONOR		PLEDGE	F2002	F2003	F2004	F2005	TOTAL	PLEDGE
LAST NAME	FIRST NAME	AMOUNT					PAYMENTS	BALANCE DUE
ANONYMOUS	DONOR	\$50,000.00			\$50,000.00		\$50,000.00	0.00
ANDERSON	J. PATRICK	1,500.00	505.00	95.00			\$600.00	900.00
ANDERSON	ROBERT A	1,000.00	100.00			400.00	\$500.00	500.00
ANONYMOUS	(CASH)	60.00			60.00		\$60.00	0.00
ANTUPIT	LORETTA	25.00				25.00	\$25.00	0.00
BALDWIN	BETTE	50.00				50.00	\$50.00	0.00
BARNHART	SARA	1,500.00	1.00	1,000.00		500.00	\$1,501.00	0.00
BARNHART	RUTH K.	500.00			500.00		\$500.00	0.00
BARONE	JOHN	75.00		75.00			\$75.00	0.00
BAST	FRANCIS	25.00			25.00		\$25.00	0.00
BAUGHAN	SCOTT	5,000.00				2,500.00	\$2,500.00	2,500.00
BENTON	ALICE G	25.00				25.00	\$25.00	0.00
BENTON	DEWARD	25.00				25.00	\$25.00	0.00
BITTEL	LYNN P.	1,500.00			500.00		\$500.00	1,000.00
BOERSMA	WILLIAM	25.00			25.00		\$25.00	0.00
BOGGS	PATTI	125.00	125.00				\$125.00	0.00
BRINATI	CAROL	100.00				100.00	\$100.00	0.00
BROUCHOUD	MARNY	20.00				20.00	\$20.00	0.00
BROWN	LYNN G	50.00			50.00		\$50.00	0.00
BRYAN	STEPHEN & SONIA	1,000.00			1,000.00		\$1,000.00	0.00
BYERS	ANDY & DORIS	50.00			50.00		\$50.00	0.00
CASSIDY	CATHERINE	40.00			40.00		\$40.00	0.00
CEROW	JOAN	260.00	10.00	250.00	240.00		\$500.00	0.00
CLIFFORD	JOHN S.	30.00				30.00	\$30.00	0.00
CLOWNEY	TERRY	1,000.00				333.00	\$333.00	667.00
COOKE JR.	ED & BETTIE	500.00			500.00		\$500.00	0.00
D'ALBORA	NORETTA	500.00				500.00	\$500.00	0.00
D'ALBORA	JOHN V. JR.	500.00				500.00	\$500.00	0.00
DAVIDSON	CAVIEZEL	1,000.00			1,000.00		\$1,000.00	0.00
DAVIS	NORA M	25.00			25.00		\$25.00	0.00
DESMOND	DONALD	300.00			300.00		\$300.00	0.00
DEWEY	BILL & LAVERNE	150.00			50.00		\$50.00	100.00
DIETZ	BERTHA	50.00			50.00		\$50.00	0.00
DUNN	DENNIS & CAROLYN	100.00			100.00		\$100.00	0.00
ENGLAND	JOHN	50.00			50.00		\$50.00	0.00
ERSTLING	HELEN T.	25.00			25.00		\$25.00	0.00
FARLEY	COL JOHN C.	500.00			500.00		\$500.00	0.00
FAULKNER	NANCY	40.00				40.00	\$40.00	0.00
FINCH	WALTER & CAROLYN	500.00				500.00	\$500.00	0.00
FINNEY	BUNNY	1,500.00					\$0.00	1,500.00
FOLAND	DALE	9,000.00				9,000.00	\$9,000.00	0.00
FRINK	EVA	50.00			50.00	20.00	\$70.00	0.00
GAMBLE	THOMAS & DONNA	2,000.00			2,000.00		\$2,000.00	0.00
GASS	WILLIAM	100.00				100.00	\$100.00	0.00
GATTI FOUNDATION		100.00				100.00	\$100.00	0.00
GILFILEN	WALTER	1,000.00	1,000.00				\$1,000.00	0.00
GODFREY	AGNES M.	50.00			50.00	75.00	\$125.00	0.00
GODFREY	MIKE	150.00				150.00	\$150.00	0.00

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INDIVIDUAL DONOR		PLEDGE					TOTAL	PLEDGE
LAST NAME	FIRST NAME	AMOUNT	F2002	F2003	F2004	F2005	PAYMENTS	BALANCE DUE
GODFREY	SUSAN	50.00			50.00		\$50.00	0.00
GODFREY	JAMES T. & JUDITH	100.00			100.00		\$100.00	0.00
HALGREN	BARBARA	500.00				500.00	\$500.00	0.00
HALL	STEPHEN	1,000.00				1,000.00	\$1,000.00	0.00
HALM	PAMELA	20.00			20.00		\$20.00	0.00
HARNER	WILLIAM	25.00			25.00		\$25.00	0.00
HARRIS	DEWEY	50.00	50.00				\$50.00	0.00
HECKMAN	ELSA	25.00			25.00		\$25.00	0.00
HOUSMAN	MARLENE	25.00			25.00		\$25.00	0.00
HOWARD	LINDA	50.00				50.00	\$50.00	0.00
HUGHES	RICHARD H.	30.00			30.00		\$30.00	0.00
JESSEMAN	WILLIAM	500.00				500.00	\$500.00	0.00
JONGEBLOED	CAROLE	100.00			100.00		\$100.00	0.00
JOYCE	GLADYS	15.00			15.00		\$15.00	0.00
KELLAR	NED	5.00	5.00				\$5.00	0.00
KENASTON	MARIANNE	100.00				100.00	\$100.00	0.00
KENDALL	R. J.	20.00			20.00		\$20.00	0.00
KENNY	JACQUELYN	100.00			100.00		\$100.00	0.00
KETCHAN	RODNEY	1,000.00				1,000.00	\$1,000.00	0.00
KING	DR MAXWELL	1,000.00			1,000.00	500.00	\$1,500.00	0.00
KIRKLAND	KAREN	2,500.00	195.00	1,905.00			\$2,100.00	400.00
KLINE	LUCY	5.00			5.00		\$5.00	0.00
KRAMER	SUZANNE	50.00			50.00		\$50.00	0.00
LABUDA	A. J. & ELEANORE	100.00				100.00	\$100.00	0.00
LALLY	MARYKATE	20.00			20.00		\$20.00	0.00
LAWTON	ROBERT & ANN	5,000.00				1,700.00	\$1,700.00	3,300.00
MARLETTE	CHRISTOPHER	200.00				200.00	\$200.00	0.00
MASLIN	MARK S.	100.00	100.00			100.00	\$200.00	0.00
MCCLELLAND	BONNIE	10.00			10.00		\$10.00	0.00
MCCOTTER	C. R.	1,000.00				1,000.00	\$1,000.00	0.00
MCELWEE	MICHAEL	100.00			100.00		\$100.00	0.00
MCGLAMERY	DONATIONS	220.00				220.00	\$220.00	0.00
McINTYRE	LARRY	1,000.00	333.00	667.00	0.00		\$1,000.00	0.00
McMILLIN	BRENDAN	66.00			66.00	100.00	\$166.00	0.00
MILLER	EMIL	500.00				500.00	\$500.00	0.00
MUNCIL	JANE	100.00			100.00		\$100.00	0.00
OBLACK	JOSEPH & RUTH	100.00				100.00	\$100.00	0.00
OWENS	VICKI	25.00			25.00		\$25.00	0.00
PARISEAU	JOAN	100.00			100.00		\$100.00	0.00
PAYNE	DIANE E.	50.00				50.00	\$50.00	0.00
PERERS	SUSAN	100.00	100.00		2,000.00		\$2,100.00	0.00
PEREZ	SHIRLEY	100.00			100.00		\$100.00	0.00
PETRAK	VIVIAN	50.00			50.00		\$50.00	0.00
PICK	LEONA	1,000.00			1,000.00		\$1,000.00	0.00
PRICE	THOMAS	2,000.00			1,000.00		\$1,000.00	1,000.00
RAUCH	RITA	25.00			25.00		\$25.00	0.00
REYNOLDS	RONALD	500.00			500.00		\$500.00	0.00
RIEDEL	WILLIAM	100.00		100.00			\$100.00	0.00
ROPER	JANICE	200.00				200.00	\$200.00	0.00

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INDIVIDUAL - DONOR		PLEDGE					TOTAL	PLEDGE
LAST NAME	FIRST NAME	AMOUNT	F2002	F2003	F2004	F2005	PAYMENTS	BALANCE DUE
ROZYCKI	JODI	25.00				25.00	\$25.00	0.00
RUDOLPH	MARTHA G.	100.00				100.00	\$100.00	0.00
SALTER	LARRY	50.00			50.00		\$50.00	0.00
SANSOM	DIXIE	210.00	210.00				\$210.00	0.00
SAWYER	TERESA	10.00				10.00	\$10.00	0.00
SCHILLO	KATHI	1,000.00					\$0.00	1,000.00
SCHUMANN	R.A. OR BONNIE	350.00				350.00	\$350.00	0.00
SEAY	BOB & ANN	100.00			100.00		\$100.00	0.00
SEYMOUR	MARTHA	1,000.00				700.00	\$700.00	300.00
SHOREY	BETTY J	200.00				200.00	\$200.00	0.00
SMITH	BRIAN & STACI	2,000.00					\$0.00	2,000.00
SONDHEIM	JAMES	50.00			50.00		\$50.00	0.00
SPRAWLS	LESLIE D	2,500.00				2,500.00	\$2,500.00	0.00
STARKEY	JEAN	1,000.00	100.00	900.00	1,000.00		\$2,000.00	0.00
STEEL II	KENNETH	50.00			50.00		\$50.00	0.00
STETSON	VIRGINIA	300.00			100.00		\$100.00	200.00
STEVENSON	BARBARA	30.00			30.00		\$30.00	0.00
SUTTON	BETTY	15.00				15.00	\$15.00	0.00
TEKERMANN	BARBARA	50.00			50.00		\$50.00	0.00
THOMPSON	NANCY	3,000.00			3,000.00		\$3,000.00	0.00
TUCCI	BERNARD & DOROTHY	100.00			100.00		\$100.00	0.00
WAGNER	SANDRA & RICHARD	5,000.00				1,667.00	\$1,667.00	3,333.00
WALLE	CHARLES	500.00			500.00		\$500.00	0.00
WARING	AVIS	1,000.00			1,000.00		\$1,000.00	0.00
WILSON	PAUL & CAROL	1,000.00			1,000.00		\$1,000.00	0.00
<b>TOTAL GIFTS/ INDIVIDUALS</b>		<b>\$121,851.00</b>	<b>\$2,834.00</b>	<b>\$4,992.00</b>	<b>\$70,881.00</b>	<b>\$28,480.00</b>	<b>\$107,187.00</b>	<b>\$18,700.00</b>

BUSINESS/ORGANIZATIONS - DONOR		PLEDGE					PAYMENT	BALANCE
NAME		AMOUNT	F2002	F2003	F2004	F2005	AMOUNT	DUE
CHILDRENS COMMUNITY THEATRE		\$500.00				\$500.00	500.00	0.00
CITY OF COCOA		200,000.00		200,000.00			200,000.00	0.00
COMMERCE COATINGS, CORP.		50.00				50.00	50.00	0.00
BETA SIGMA PHI-LAUREATE ALPHA NU CHP		100.00			100.00		100.00	0.00
GOLDEN STEPPERS		\$2,000.00				\$1,000.00	1,000.00	1,000.00
JOHNS, BUBBERS, & JOHNS P.A.		\$100.00				\$100.00	100.00	0.00
MELBOURNE GREYHOUND PARK		5,000.00	5,000.00				5,000.00	0.00
SAPPPIA CONSULTANTS INC.		25.00				25.00	25.00	0.00
STROMIRE, BISTLINE & MINICLER		200.00				200.00	200.00	0.00
UNITED WAY OF BREVARD		1,000.00		1,000.00			1,000.00	0.00
WACHOVIA BANK		30,000.00				10,000.00	10,000.00	20,000.00
<b>TOTAL GIFTS/ BUSINESS</b>		<b>\$238,975.00</b>	<b>\$5,000.00</b>	<b>\$201,000.00</b>	<b>\$100.00</b>	<b>\$11,875.00</b>	<b>\$217,975.00</b>	<b>\$21,000.00</b>

\$78,707.00

GRANT AWARDS		AWARDS					PAYMENT	BALANCE
SOURCE		AMOUNT	F2002	F2003	F2004	F2005	AMOUNT	DUE

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INDIVIDUAL - DONOR		PLEDGE				TOTAL	PLEDGE	
LAST NAME	FIRST NAME	AMOUNT	F2002	F2003	F2004	F2005	PAYMENTS	BALANCE DUE
HUD-EDI PROJECT #B-02-SP-FL-0130 (EXP		240,000.00	60,000.00				60,000.00	180,000.00
FACILITIES ENHANCEMENT, STATE OF FL		110,159.00			110,159.00		110,159.00	0.00
TOTAL GRANT AWARDS		\$350,159.00	\$60,000.00	\$0.00	\$110,159.00	\$0.00	\$170,159.00	\$180,000.00

	PROJECT AWARDS/PLEDGES					PROJECT TO DATE CONTRIBUTIONS	OUTSTANDING AWARDS/PLEDGES
PROJECT TOTALS	\$710,985.00	\$67,834.00	\$205,992.00	\$181,140.00	\$40,355.00	\$495,321.00	\$219,700.00

**Line 65 (990) - Other liabilities**

		Beginning	End
1	GIFT CERTIFICATES	380	201
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	<b>Total other liabilities</b>	<b>380</b>	<b>201</b>