

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)

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.

Form 990 header section including: A For the 2006 calendar year, or tax year beginning 7/1/2006 and ending 6/30/2007; B Check if applicable; C Name of organization THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.; D Employer identification number 59-2612709; E Telephone number 321-433-7030; F Accounting method: Accrual; G Website: N/A; J Organization type: 501(c)(3); L Gross receipts: 963,549.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Amount. Rows include Contributions (1e: 179,112), Program service revenue (2: 663,714), Membership dues (3: 0), Interest (4: 48,068), Dividends (5: 0), Gross rents (6a: 0), Net rental income (6c: 0), Other investment income (7: 0), Gross amount from sales (8a: 0), Special events (9a: 59,176), Gross sales of inventory (10a: 0), Other revenue (11: 13,479), Total revenue (12: 963,549), Program services (13: 712,098), Management (14: 127,277), Fundraising (15: 63,841), Total expenses (17: 903,216), Excess or deficit (18: 60,333), Net assets at beginning (19: 923,950), Other changes (20: 0), Net assets at end (21: 984,283).

SCANNED MAR 18 2008

RECEIVED FEB 20 2008 GGDEN, UT

617

20

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	70,707	53,031	14,141	3,535
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26	221,514	174,642	37,228	9,644
27	Pension plan contributions not included on lines 25a, b, and c	27	8,389	5,816	1,833	740
28	Employee benefits not included on lines 25a - 27	28	7,944	1,124	6,772	48
29	Payroll taxes	29	21,826	18,502	2,847	477
30	Professional fundraising fees	30	0	0	0	0
31	Accounting fees	31	5,000	0	5,000	0
32	Legal fees	32	0	0	0	0
33	Supplies	33	64,952	47,423	16,298	1,231
34	Telephone	34	7,502	0	7,502	0
35	Postage and shipping	35	6,037	3,201	2,836	0
36	Occupancy	36	23,928	21,928	0	2,000
37	Equipment rental and maintenance	37	1,437	0	1,437	0
38	Printing and publications	38	41,918	37,073	4,605	240
39	Travel	39	8,643	4,321	4,322	0
40	Conferences, conventions, and meetings	40	0	0	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	0	0	0	0
43	Other expenses not covered above (itemize):					
a	ADVERTISING	43a	85,430	81,449	3,981	0
b	ROYALTIES/ARTIST FEES	43b	65,208	65,208	0	0
c	CONTRACTED SERVICES	43c	168,663	160,525	3,980	4,158
d	OTHER EVENT RELATED EXPENSES	43d	56,367	4,214	10,385	41,768
e	CAPITAL OUTLAY	43e	33,641	33,641	0	0
f	MISC.	43f	4,110	0	4,110	0
g		43g	0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	903,216	712,098	127,277	63,841

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 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 the instructions.)

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.

What is the organization's primary exempt purpose? ► CULTURAL ACTIVITIES All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a DIRECTED AND PRODUCED CULTURAL PERFORMANCES BENEFITING BREVARD COUNTY PROVIDED HISTORIC COCOA VILLAGE PLAYHOUSE TO OTHER CULTURAL PERFORMING ARTS GROUF _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	712,098
b _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	712,098

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	700	45	700	
	46	Savings and temporary cash investments	735,693	46	826,762	
	47 a	Accounts receivable	57,424			
		47a	57,424			
	b	Less: allowance for doubtful accounts	0	68,420	47c	57,424
		47b	0			
	48 a	Pledges receivable	137,645			
		48a	137,645			
	b	Less: allowance for doubtful accounts	0	185,593	48c	137,645
		48b	0			
	49	Grants receivable	27,492	49	19,912	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a	Other notes and loans receivable (attach schedule)	0			
		51a	0			
	b	Less: allowance for doubtful accounts	0	0	51c	0
		51b	0			
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	645	53	1,292	
	54 a	Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0	
55 a	Investments—land, buildings, and equipment: basis	0				
	55a	0				
b	Less: accumulated depreciation (attach schedule)	0	0	55c	0	
	55b	0				
56	Investments—other (attach schedule)	0	56	0		
57 a	Land, buildings, and equipment: basis	0				
	57a	0				
b	Less: accumulated depreciation (attach schedule)	0	0	57c	0	
	57b	0				
58	Other assets, including program-related investments (describe <input type="checkbox"/>)	0	58	0		
59	Total assets (must equal line 74). Add lines 45 through 58	1,018,543	59	1,043,735		
Liabilities	60	Accounts payable and accrued expenses	93,921	60	59,452	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
	b	Mortgages and other notes payable (attach schedule)	0	64b	0	
	65	Other liabilities (describe <input type="checkbox"/> GIFT CERTIFICATES)	672	65	0	
66	Total liabilities. Add lines 60 through 65	94,593	66	59,452		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	354,491	67	313,787	
	68	Temporarily restricted	569,459	68	670,496	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	923,950	73	984,283		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,018,543	74	1,043,735		

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	963,549
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	963,549
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	963,549

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

a	Total expenses and losses per audited financial statements		a	903,216
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	903,216
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	903,216

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name ANASTACIA HAW Str 1519 CLEARLAKE F City COCOA ST FL ZIP 32922	Title EXEC. DIR. Hr/WK 40	64,367	6,340	0
Name SEE ATTACHED Str 1519 CLEARLAKE F City COCOA ST FL ZIP 32922	Title Bd. of Dir. Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
	35		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization ► BREVARD COMMUNITY COLLEGE 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	X

Part VI Other Information (continued)

		Yes	No
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?	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	264,470	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.		
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 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
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, 2006 (See instructions.)	90b	18
91 a	The books are in care of ▶ Name BREVARD COMMUNITY COLLEGE Telephone no. ▶ 321-433-7030 Located at ▶ 1519 CLEARLAKE ROAD City COCOA ST FL ZIP + 4 ▶ 32922		
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, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 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 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	
93 Program service revenue:					
a TICKET SALES					556,974
b STARS OF TOMORROW					11,922
c CORPORATE SPONSORS					24,660
d SERVICE CHARGES					70,158
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					48,068
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					59,176
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISC.		0		0	13,479
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		0	784,437
105 Total (add line 104, columns (B), (D), and (E))					784,437

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 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				

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, for a disqualified person?
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

Yes	No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *Mark C. Cherry* Date: 10/31/07

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

Paid Preparer's Use Only

Preparer's signature: Self Prepared Return Date: XXXXXXXXXXXX Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): XXXXXXXXXXXX

Firm's name (or yours if self-employed), address, and ZIP + 4: XXXXXXXXXXXX EIN: XXXXXXXXXXXX Phone no: XXXXXXXXXXXX

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

OMB No 1545-0047

2006

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

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Employer identification number

59-2612709

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
ANASTACIA HAWKINS-SMITH, 1519 CLEARLAKE COCOA, FL 32922	EXECUTIVE DIRECTOR 40	64,367	6,340	

Total number of other employees paid over \$50,000 ▶ 0

Part II-A 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

Total number of others receiving over \$50,000 for professional services ▶ 0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶ 0

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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

Yes No

<p>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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<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>			
<p>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)</p>			
<p>a Sale, exchange, or leasing of property</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3 a 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.)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c 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 .</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		X
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p>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 ► _____</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
BREVARD COMMUNITY COLLEGE	59-0920675	Type III - Other	X		
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	504,700	101,216	178,876	268,694	1,053,486	
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	767,809	657,412	568,847	624,819	2,618,887	
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	27,105	15,834	9,203	5,433	57,575	
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	10,786	10,620	2,661		24,067	
23 Total of lines 15 through 22	1,310,400	785,082	759,587	898,946	3,754,015	
24 Line 23 minus line 17	542,591	127,670	190,740	274,127	1,135,128	
25 Enter 1% of line 23	13,104	7,851	7,596	8,989		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	22,703
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c	1,135,128
d Add: Amounts from column (e) for lines:	18 57,575	19			26d	81,642
	22 24,067	26b			26e	1,053,486
e Public support (line 26c minus line 26d total)					26e	1,053,486
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	92.81%
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:					
	(2005)	(2004)	(2003)	(2002)		
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 11b, 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:	(2005)	(2004)	(2003)	(2002)		
c Add Amounts from column (e) for lines:	15	16			27c	0
	17	20	21		27d	0
d Add: Line 27a total and line 27b total					27e	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	
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 2002 through 2005, 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 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29 through 35 regarding racial nondiscrimination policies, records, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

Limits on Lobbying Expenditures		(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	
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)	0	0												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

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

Part VII, Line 103 (990) - Other Revenue

	Other Revenue Description	Unrelated business income		Excluded by section 512, 513, or 514		
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a	MISC.					13,479
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1 MISC REVENUE	10,786	10,620	2,661	0	24,067
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	10,786	10,620	2,661	0	24,067

Part VI, Line 80b (990) - Organization Relations

		Please Check "X"	
Organization Name		Exempt	Non-Exempt
1	BREVARD COMMUNITY COLLEGE	X	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.
Voting Members, May 3, 2007

APPOINTED

1. Scott Baughan
Attorney at Law
P.O. Box 562745
Rockledge, FL 32956-2745
e-mail: scott@baughanlaw.com
636-2221, fax 636-2224
Cell: 403-4078 Home: 635-9899

2. Lisa F. Crites
Wuesthoff Health System Media Strategist
110 Longwood Avenue
Mailstop #57
Rockledge, Fl 32955
Wk: 636-2211, ext. 1505
Cell: (321) 298-2988
lisa.crites@wuesthoff.org

3. Dr. Jim Drake, President
Brevard Community College
1519 Clearlake Road
Cocoa, FL. 32922
433-7000

4. Erik Eavenson
President, Strategic Insurance MGMT
6767 N. Wickham Rd. Ste 209
Melbourne, FL 32940
254-9555
Erik@strategic-FL.com

5. Dr. Elena Flom
483 Barrello Lane
Cocoa Beach, FL 32931
784-0045 (home)
e-mail: elenaflom@earthlink.net

6. Stephen Hall
efSmart Marketing Services
4425 Crooked Mile Road
Merritt Island, FL 32952
449-0400, fax 321-978-0275
e-mail: steve.hall@efsmart.com

TERM

DATE

2nd term (11/05 – 11/08) 11/02
Served on board from 95 – 01
Reappointed in 02
President Elect. (96 -97)
President. (97-98)
Past President (98-99)

1st term (4/07-4/10) 4/07

1st term (3/07-3/10) 3/07

1st term (4/07-4/10) 4/07

1st term (8/05 – 8/08) 8/05

1st term (10/06 – 10/09) 10/06

7. Dewey Harris
Harris and Satterfield, P.A.
976 Brevard Avenue
Suite B
Rockledge, FL 32955
Dewey@harrisandsatterfield.com
452-7654 (home) 412-1184 (cell)
433-1191 (work)

2nd term (9/04 – 9/07) 8/01
Treasurer (6/03 – 6/04)
Treasurer (6/04 – 6/05)
Treasurer (6/05 – 6/06)
Treasurer (6/06 – 6/07)

8. John W. McAnany, Jr.
Merrill Lynch – Wealth Management Advisor
775 E. Merritt Island Cswy.
Suite 300
Merritt Island, FL 32952
Wk: 459-5226, Hm: 459-2603 Cell: 795-9957
john-mcananyjr@mc.com

1st term (4-07 – 4/10)

9. C.R. "Rick" McCotter III
McCotter Ford
P.O. Box 5729
Titusville, FL 32783
rick@mccotter.com
267-2112

4th term (9/06 – 9/07) 8/01
BCC Trustee, terms are annual
Appointed Position:

10. Larry McIntyre
President, Clear Channel Outdoor
2890 Harper Road
Melbourne, FL 32904
Larrymcintyre@clearchannel.com
726-6611 x201 (Office)
726-1565 (FAX)
508-3009 (cell)

3rd term (9/05-9/08) 9/99
President Elect (6/00-6/01)
President (6/01-6/02)
President (6/02-6/03)
Past President (6/03 – 6/04)
Vice President (6/04 - 6/05)
Vice President (6/05 – 6/06)
Vice President (6/06 – 6/07)

11. Susan Freeland Perers
Vice President, Interior Design
American Business Interiors
2015 South Waverly Place
Melbourne, FL 32901
E-mail: ABI2015@aol.com
www.abinteriors.com; susanp@abinteriors.com
723-5003 ext. 21, (fax) 984-4221
302-2565 (cell)

3rd term (3/04-3/07) 2/98
President Elect (6/03 – 6/05)
President (6/05 – 6/07)

12. Tom Price
1996 Highway U.S. #1
Rockledge, FL 32955
E-mail: Tprice3261@aol.com
632-2554 (wk) 639-0109 (hm) 863-0088 (cell)

1st term (2/06 – 2/09) 2/06

13. Jim Ross
Vice President for Advancement and Public Affairs
Brevard Community College
1519 Clearlake Road
Cocoa, FL. 32922
433-7023

1st term (4/07-4/10) 4/07

14. Dixie Sansom
P. O. Box 98
Cocoa, FL 32923-0098
633-8001 (home) 321-633-8021 (fax)
Cellphone: 543-7195
Email: dixiesansom@aol.com

3rd term (9/05-9/08) 9/99

15. Deborah Schenck
3815 Indian River Drive
Cocoa, FL 32926
Home: 632-7005 Cell: 693-9264
Email: dschenck@cfl.rr.com

1st term (8/05-8/08) 8/05

13. Kathi Schillo
President/CEO Cocoa Beach Area Chamber of Commerce
400 Fortenberry Road
Merritt Island, FL 32952
e-mail: kschillo@cocoabeachchamber.com
on-line: www.cocoabeachchamber.com
454-2020 (work), 449-7259 (home)
(321) 446-7515 (cell)

1st term (12/03-12/06) 12/03

2nd term (12/06 - 12/09)

14. Jean Starkey
Aladdin Real Estate - ERA
1365 N. Courtenay Pkwy., Ste. C
Merritt Island, FL 32953-4484
e-mail: CJStarkey2@aol.com
on-line: www.aladdinera.com
452-1910 ext. 129 (work), 452-6676 (home)
427-5060 (cell) 452-7074 (fax)

3rd term (1/05 - 1/08) 8/99

Treasurer (6/00-6/01)

President Elect (6/01-6/02)

President Elect (6/02-6/03)

President (6/03 - 6/05)

Capital Campaign Chairperson

(6/04 - 1/06)

Past President (6/05 - 6/07)

15. Jackie Sutton
Firm Administrator
Berman, Hopkins, Wright & LaHam
8035 Spyglass Hill Road
Melbourne, FL 32940
757-2020, fax 459-1026, 693-5685 (cell)
e-mail: Sutton@bermanhopkins.com

1st term (08/06 - 08/09) 08/06

16. Mary Lu Tombleson
Executive Director, Eighteenth Judicial Circuit
Administrative Office
2725 Judge Fran Jamieson Way
Building E, Second Floor
Viera, FL 32940
Mtombleson@pd18.net
Home: 141 Tequesta Harbor Drive
Merritt Island, FL 32952
Work: 617-7373, Home: 453-3724

1st term (8/05 – 8/08) 8/05
Secretary (6/06 – 6/07)

17. Bob Wetzel
520 Shaker Heights Dr
Melbourne, FL 32940
(321) 259-9945 (Home) 435-7157 (work)
(321) 223-8583 (Cell)
rwetzel@cfl.rr.com
bobwetzel@trans.ge.com

1st term (6/06-6/09) 6/06

18. Craig Yoder
Progressive Document Destruction
520 Cidco Road
Cocoa, FL 32926
632-6341

1st term (8/06-8/09) 8/06

BOARD EMERITUS (Non-Voting)

Walt Gilfilen
1420 Huntington Lane, Apt. 2105
Rockledge, FL 32955-2669
(321) 631-1138, 543-9212
Northern Address (summer):
224 Hickory Lane Road
Blowing Rock, NC 28605
(828) 295-3905
e-mail: wlgilf@wmconnect.com

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	154,200	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	154,200	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)	24,912	

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	STARS PGM	ITION WORKS	ON ANNOUNCE		
1a Number of special events	1	1	1		
2 Gross receipts	55,761	910	2,505		59,176
3 Less contributions					0
4 Gross revenue	55,761	910	2,505	0	59,176
5 Less direct expenses					0
6 Net income or (loss)	55,761	910	2,505	0	59,176

Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 CAST CONSIGNMENTS	1	647	2,319		
2 BCC AGENCY FUND	2	67,615	55,103		
3 SPIA INTEREST	3	3	2		
4 RETURNED CHECKS	4	155	0		
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	68,420	57,424	0	0

Line 48 (990) - Pledges Receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 SEE CAPITAL CAMPAIGN REPORT	1	185,593	137,645		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable	11	185,593	137,645	0	0

Line 65 (990) - Other Liabilities

672

0

		Beginning	End
1	GIFT CERTIFICATES	672	
2			
3			
4			
5			
6			
7			
8			
9			
10			

**COCOA VILLAGE PLAYHOUSE
CAPITAL CAMPAIGN PLEDGE REPORT
As of June 30, 2007**

INDIVIDUAL DONOR		PLDGE	PLDGE	PAID AS OF	PAYMENT DUE	PAYMENT DUE	PAYMENT DUE	PLDGE
NAME	NAME	YEAR	AMOUNT	2007	LESS THAN ONE YEAR	ONE TO FIVE YEARS	FIVE OR MORE YEARS	TOTAL DUE
ANDERSON	J. PATRICK	F2002	995.00	95 00	900.00			900.00
ANONYMOUS	DONOR (ANGEL MATCHING GIFT)	F2006	\$150,000.00	\$50,000.00		\$100,000.00		100,000.00
ARNISTER	DONNA	F2006	1,000.00	335.00		665.00		665.00
BITTEL	LYNN P.	F2004	1,500.00	500.00	1,000.00			1,000.00
BRYANT	BILL & LAURA	F2006	100.00	0.00		100.00		100.00
CLOWNEY	TERRY	F2005	1,000.00	333.00	667.00			667.00
DRYDEN	GUY & DIANA	F2006	300.00	200.00		100.00		100.00
EARLE	FRANK & BOBBI	F2006	300.00	100.00		200.00		200.00
ECK	BETTY	F2006	100.00	33.00		67.00		67.00
ELIASON	ED & SANDY	F2006	1,200.00	500.00		700.00		700.00
JONES	ELKE THAN / ALLAN	F2006	150.00	50.00		100.00		100.00
LAWSON	VIRGIL & MARILYN	F2006	100.00	66.68		33.32		33.32
LINDINGOM	HAROLD	F2006	100.00	0.00		100.00		100.00
MORENO	DR RUBEN & RITA	F2007	20,000.00	0.00		20,000.00		20,000.00
RICE	NORMAN & PHYLLIS	F2005	8,000.00	4,800.00	3,200.00			3,200.00
ROMAINE	NANCY	F2006	500.00	0.00		500.00		500.00
RUHLE	KENNETH & JEANNINE	F2007	500.00	250.00		250.00		250.00
SOTOMAYOR	MARGARET	F2006	100.00	67.00		33.00		33.00
SIMMS	WILSON	F2006	5,000.00	0.00		5,000.00		5,000.00
TANGEN	CAROL	F2005	100.00	70.00	30.00			30.00
TOMBLESON	MARY LU	F2006	3,000.00	100.00		2,900.00		2,900.00
WILLIAMS	LESLIE	F2006	150.00	50.00		100.00		100.00
TOTAL GIFTS/ INDIVIDUALS			\$194,195.00	\$57,549.68	\$5,797.00	\$130,848.32	\$0.00	\$136,645.32

PROJECT - FUNDRAISERS		AWARDS	PAYMENT	PAYMENT	PAYMENT DUE	PAYMENT DUE	BALANCE
SOURCE	TRAP	AMOUNT	AMOUNT	LESS THAN ONE YEAR	ONE TO FIVE YEARS	FIVE OR MORE YEARS	DUE
BERRY	ROY & MARY	F2006	\$300.00	\$0.00	\$300.00	\$0.00	\$300.00
TOTAL FUNDRAISING			\$300.00	\$0.00	\$300.00	\$0.00	\$300.00

PROJECT - FUNDRAISERS		AWARDS	PAYMENT	PAYMENT DUE	PAYMENT DUE	PAYMENT DUE	BALANCE
SOURCE	CONCOURSE / KLANGANCE	AMOUNT	AMOUNT	LESS THAN ONE YEAR	ONE TO FIVE YEARS	FIVE OR MORE YEARS	DUE
DENKHAUS	MR.	F2007	\$400.00	\$0.00	\$400.00	\$0.00	\$400.00
WHEELUS	JANICE	F2007	\$250.00	\$0.00	\$250.00	\$0.00	\$250.00
TOTAL FUNDRAISING			\$650.00	\$0.00	\$650.00	\$0.00	\$650.00

PROJECT TOTALS		AWARDS/PLEDGES	PAID TO DATE CONTRIBUTIONS	PAYMENT DUE LESS THAN ONE YEAR	PAYMENT DUE ONE TO FIVE YEARS	PAYMENT DUE FIVE OR MORE YEARS	OUTSTANDING AWARDS/PLEDGES
		\$195,145.00	\$57,549.68	\$6,747.00	\$130,848.32	\$0.00	\$137,595.32