

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990
All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 2007

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SPECIAL SPOTLIGHT THEATRE INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 828 EMERSON DR. N.E. City or town, state or country, and ZIP + 4 PALM BAY FL. 32907-1461	D Employer identification number 59-2671794 E Telephone number (321) 951-2420 F Group Exemption Number 501(c)3
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ _____

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

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

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5750.00
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	9722.00
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 5463.00 of contributions reported on line 1)	6a	5463.00
b Less: direct expenses other than fundraising expenses	6b	0	
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	5463.00	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	20935.00	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	6000.00
	14 Occupancy, rent, utilities, and maintenance	14	4662.00
	15 Printing, publications, postage, and shipping	15	454.00
	16 Other expenses (describe ▶ _____)	16	0
	17 Total expenses. Add lines 10 through 16	17	11116.00
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	9819.00
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	8399.00
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	18218.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	0	22	0	
23	Land and buildings	0	23	0	
24	Other assets (describe ▶ _____)	0	24	0	
25	Total assets	8399	25	18218.00	
26	Total liabilities (describe ▶ _____)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	18218.00	

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>PERFORMING ARTS FOR HANDICAPPED</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>MARGARET R. BINZ FOUNDATION INC.</u> (Grants \$ <u>5000.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>5000.00</u>
29	<u>GOLDEN STEPPERS INC.</u> (Grants \$ <u>750.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>750.00</u>
30	<u>DEDICATED TO THE CULTURAL ENRICHMENT OF THE HANDICAPPED INSTALLING SELF CONFIDENCE & COORDINATING THEIR MOTOR ABILITIES THRU DANCE. OVER 90 HAVE PARTICIPATED THIS YEAR.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>0</u>
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <u>0</u>
32 Total program service expenses. Add lines 28a through 31a		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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
<u>JILL VERAEY, 1681 OMEGA ST. PALM BAY FL. 32907</u>	<u>PRESIDENT 7 hrs.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>ROBERT STEPP, 828 EMERSON KUR NE PALM BAY FL 32907</u>	<u>VICE PRES. 7 hrs.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>BETTY BRUNKE 1228 AMADOR AVE PALM BAY, FL 32907</u>	<u>TREASURER 14 hrs.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>TRENNA STRATTON 1273 WILBURST PALM BAY FL 32905</u>	<u>SECRET. 14 hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

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

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . ▶ _____

	Yes	No
40b		X
40c		
40d		
40e		X

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

42a The books are in care of ▶ BETTY BRUNKE Telephone no. ▶ (321) 984-7885
 Located at ▶ 1225 AMADOR AVE, PALM BEACH, FL 33480

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

Please Sign Here

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

Signature of officer: Robert W. Stupp
 Type or print name and title: ROBERT W STUPP

Paid Preparer's Use Only

Preparer's signature: _____ self-employed

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

