

**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)

**2002**

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 2002 calendar year, or tax year beginning** 07-01, 2002, and ending 06-30, 2003

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

Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>SURFSIDE PLAYERS, INC.</b>		<b>D Employer identification number</b> 59-6152354
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
	P. O. BOX 320053		
	City or town, state or country, and ZIP + 4		<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	COCOA BEACH, FL 32932-0053		

• 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? (If "No" attach a list. See instructions.)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN ▶

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

**G Web site:** ▶

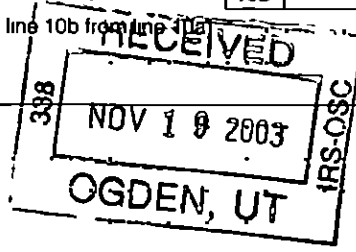
**J Organization type** (check only one)  501(c) 3 (insert no)  4947(a)(1) or  527

**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.**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 152,116

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>			
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)				<b>1d</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>
<b>3</b> Membership dues and assessments				<b>3</b>
<b>4</b> Interest on savings and temporary cash investments				<b>4</b>
<b>5</b> Dividends and interest from securities				<b>5</b>
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>
<b>7</b> Other investment income (describe ▶ _____)				<b>7</b>
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>8a</b>			
<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>
<b>13</b> Program services (from line 44, column (B))				<b>13</b>
<b>14</b> Management and general (from line 44, column (C))				<b>14</b>
<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>
<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>
<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>20</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>



SCANNED 1208 123

EXHIBIT 1208 123

*[Handwritten signature]*

**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 21 of 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	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize) a _____	43a 161,799	161,799		
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 161,799	161,799		

**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 \$ \_\_\_\_\_ (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 24 of the instructions)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a _____ (Grants and allocations \$ _____)	
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	

**Part IV Balance Sheets** (See page 24 of the instructions)

Note				(A)		(B)	
				Beginning of year		End of year	
<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
	45	Cash - non-interest-bearing		9,875	45	2,256	
	46	Savings and temporary cash investments			46		
	47 a	47a	7,102				
	b	47b			47c	7,102	
	48 a	48a					
	b	48b			48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
A	51 a	Other notes and loans receivable (attach schedule)					
s	b	51a					
s		51b			51c		
e	52	Inventories for sale or use			52		
t	53	Prepaid expenses and deferred charges			53		
s	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55 a	55a	228,193				
	b	55b	222,890	6,501	55c	5,303	
	56	Investments - other (attach schedule)			56		
	57 a	57a					
	b	57b			57c		
	58	Other assets (describe _____)			58		
	59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		16,376	59	14,661	
L	60	Accounts payable and accrued expenses		13,788	60	16,754	
i	61	Grants payable			61		
a	62	Deferred revenue			62		
b	63	Loans from officers, directors, trustees, and key employees (attach schedule)		17,000	63	22,000	
i	64 a	Tax-exempt bond liabilities (attach schedule)			64a		
t	b	Mortgages and other notes payable (attach schedule)			64b		
i	65	Other liabilities (describe _____)			65		
e	66	<b>Total liabilities</b> (add lines 60 through 65)		30,788	66	38,754	
s	Organizations that follow SFAS 117, check here <input type="checkbox"/>		and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted			67		
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>		and complete lines 70 through 74				
N	70	Capital stock, trust principal, or current funds		40,000	70	40,000	
e	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
F	72	Retained earnings, endowment, accumulated income, or other funds		(54,411)	72	(64,093)	
u	73	<b>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)		(14,411)	73	(24,093)	
n	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		16,377	74	14,661	

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 26 of the instructions )

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	152,116
<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>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	152,116
<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>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	152,116

**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>	161,799
<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>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	161,799
<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>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	161,799

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 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
LINDA GEIGER COCOA BEACH, FLORIDA	PRESIDENT 0	0	0	0
ROBIN PENA MERRITT ISLAND FLORIDA	VICE PRESIDEN 0	0	0	0
KAY GRINTER CAPE CANAVERAL FLORIDA	SECRETARY 0	0	0	0
MARILYN RIGERMAN COCOA BEACH FLORIDA	TREASURER 0	0	0	0

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 26 of the instructions

**Part VI Other Information** (See page 27 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
78a	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?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82a	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)		
83a	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 quid pro quo contributions?	X	
84a	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?		
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		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86	501(c)(7) orgs. Enter		
a	Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		
89a	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 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		
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		
90a	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, 2002 (See instructions)		
91	The books are in care of _____ Telephone no _____ Located at _____ ZIP + 4 _____		
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 _____		

**Part VII Analysis of Income-Producing Activities** (See page 31 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	
93	Program service revenue					
a						
b						
c						
d						
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					
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					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					152,116
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))					152,116
105	Total (add line 104, columns (B), (D), and (E))					152,116

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 32 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)
103A	OUR EXEMPT PURPOSE IS THAT OF AN EDUCATIONAL COMMUNITY THEATER. ALL REVENUE IS RAISED IN THE PERFORMANCE OF OUR PRODUCTIONS WHICH BENEFIT THE COMMUNITY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions )

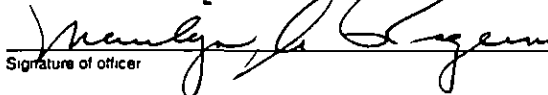
(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No

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

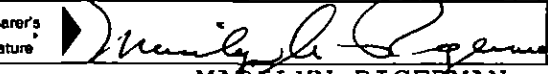
Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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:   
 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: **MARILYN RIGERMAN**  
**200 N FIRST ST**  
**COCOA BEACH FL**

**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

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

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

SURFSIDE PLAYERS, INC.

Employer identification number

59-6152354

**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
None				
Total number of other employees paid over \$50,000 ▶				

**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
None		
Total number of others receiving over \$50,000 for professional services ▶		

**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> <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>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 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 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 ▶ \_\_\_\_\_
- 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)
- 11a  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)
- 11b  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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,732	4,548	482	660	10,422
16 Membership fees received					
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	111,357	109,953	120,557	123,441	465,308
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	93	17	15	18	143
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	116,182	114,518	121,054	124,119	475,873
24 Line 23 minus line 17	4,825	4,565	497	678	10,565
25 Enter 1% of line 23	1,162	1,145	1,211	1,241	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f %</p>
27 Organizations described on line 12	<p>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:</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>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:</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>c Add: Amounts from column (e) for lines 15 <u>10,422</u> 16 _____ 17 <u>465,308</u> 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 475,730</p> <p>27d</p> <p>27e 475,730</p> <p>27f 475,873</p> <p>27g 99.97%</p> <p>27h 0.03%</p>
28 Unusual Grants	<p>For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.</p>				

Surfside Players, Inc  
Balance Sheet

June 30, 2003

ASSETS

Current Assets

Bank of America		\$	2,106 30
Prepaid Expense--Jekyll & Hyde			3,325 09
Prepaid Expense- I Do, I Do			2,580 00
Prepaid Expense--Evita			10 00
Prepaid Expense -Move Over Mrs Markham			136 02
Prepaid Expense--Lil Abner			5 50
Prepaid Expense Steel Magnolias			497 86
Prepaid Expense--Lone Star			130 52
Prepaid Expense Tickets			416 65
Petty Cash			150 00

Total Current Assets \$ 9,357 94

Fixes Assets

Building and Equipment	\$	228,192 77	
Less Accumulated Depreciation		222,889 94	\$ 5,302 83

Total Assets \$ 14 660 77

LIABILITIES AND FUND BALANCES

Liabilities

Payroll Taxes Payable		\$	671 50
Advance Jekyll & Hyde			2,920 85
Advance Season Tickets			12,886 00
Advance I Do, I Do			276 00
Notes Payable			22,000 00

Total Liabilities \$ 38,754 35

Fund Balances

Capital		\$	40,000 00
Retained Earnings	\$	(54,411 16)	
Current Earnings		(9,682 42)	\$ (64,093 58) \$ (24,093 58)

Total Liabilities and Fund Balances \$ 14,660 77

Surfside Players, Inc  
Statement of Operation  
For Twelve Months Ending June 30, 2003

	Receipts	Transfer	Expense	Total
Income				
-----				
Season Tickets	\$ 19,161 00	\$ (15,950 00)	\$	\$ 3,211 00
Membership	300 00			300 00
Vending/Bar	3,444 48			3,444 48
Into The Woods	13,379 15	2,720 00	13,329 02	2,770 13
Lend Me A Tenor	6,484 00	2,180 00	4,980 83	3,683 17
Babes In Toyland	10,865 00	2,050 00	8,205 84	4,709 16
Let's Murder Marsha	8,189 00	2,990 00	3,867 77	7,311 23
Nonsense II	18,455 00	3,420 00	10,971 96	10,903 04
Black Comedy/Inspector Hound	3,208 00	2,590 00	4,355 07	1,442 93
Surprise, Surprise	2,649 00		777 50	1,871 50
Vaudeville	1,900 00		130 81	1,769 19
Rocky Horror Picture Show	1,916 50		942 18	974 32
Surfside Youth Players	18,355 80		21,637 20	(3,281 40)
Education Programming	1,420 00		239 46	1,180 54
Pirates of Penzance	1,124 00		865 38	258 62
Summer Camp Show	324 00			324 00
Swinging On A Star	2,962 00		1,766 37	1,195 63
Talent Show	440 00			440 00
Yard Sale	890 36			890 36
Jazz Fest	510 00		525 00	(15 00)
Barbershop Concert	660 00			660 00
Advertising Income	4 050 00		1,649 03	2,400 97
Golf	3,835 00		2,683 68	1,151 32
Grumman	1,025 00			1,025 00
Boeing	4,000 00			4,000 00
Bright House	1,000 00			1,000 00
Donations	445 00			445 00
Raffle	180 00			180 00
Xtra Dinner Cards	461 00		302 50	158 50
County Grant	16,916 00			16,916 00
State Grant	3,145 00			3,145 00
T Shirt	10 00			10 00
Rent	400 00			400 00
Interest	11 85			11 85
	-----	-----	-----	-----
Gross Profit	\$ 152,116 14	\$ 0 00	\$ 77,229 60	\$ 74,886 54
-----				
Deduct Operating Expense				
-----				
Manager			\$ 12,366 67	
Assistant Manager			6,900 00	
Payroll Tax Expense			622 93	
Insurance			8,958 55	
Labor			4,200 00	
Accounting			600 00	
Water/Sewer			2,361 97	
Electric			10,577 64	
Telephone			3,129 61	
Maintenance			24,689 43	
Supplies			3,946 04	
Postage			64 35	
Grant Expense			677 29	
Membership			636 25	
Time Share			835 63	
Depreciation			1,198 12	
Office/Box Office Expense			2,804 48	\$ 84,568 96
			-----	-----
Current Earnings			\$	(9,682 42)

DEPRECIATION SCHEDULE

Name Surfside Players, Inc

Year Ending June 30, 2003

Description	Date	Meth	Rate/ Life	Basis	Prior Year Deprec	This Year Deprec	Total Deprec	Book Value
							0 00	0 00
Building	1968	SL	25 0	40,000 00	40,000 00	0 00	40,000 00	0 00
Light Board	8/79	SL	10 0	4,120 00	4,120 00	0 00	4,120 00	0 00
Curtains and Valance	1/80	SL	10 0	2,147 00	2,147 00	0 00	2,147 00	0 00
Equipment	1982	SL	5 0	828 60	828 60	0 00	828 60	0 00
Renovations	7/84	SL	10 0	8,994 18	8,994 18	0 00	8,994 18	0 00
Patchboard	9/85	SL	10 0	400 00	400 00	0 00	400 00	0 00
Cyclorama	9/85	SL	10 0	1,000 00	1,000 00	0 00	1,000 00	0 00
Table Saw	9/85	SL	5 0	403 51	403 51	0 00	403 51	0 00
Scrim	12/85	SL	10 0	226 00	226 00	0 00	226 00	0 00
Seats	8/86	SL	10 0	4,821 00	4,821 00	0 00	4,821 00	0 00
Sound system	10/86	SL	5 0	200 00	200 00	0 00	200 00	0 00
Hearing System	1/87	SL	10 0	750 00	750 00	0 00	750 00	0 00
Air Conditioning	5/87	SL	5 0	250 00	250 00	0 00	250 00	0 00
Renovations	1/88	SL	7 0	100,420 16	100,420 16	0 00	100,420 16	0 00
Renovations	1/89	SL	7 0	13,299 74	13,299 74	0 00	13,299 74	0 00
Renovations	1/90	SL	7 0	2,673 91	2,673 91	0 00	2,673 91	0 00
Seats	6/30/90	SL	10 0	28,102 36	28,102 36	0 00	28,102 36	0 00
Projector	7/91	SL	5 0	240 62	240 62	0 00	240 62	0 00
Sound Mixer	5/92	SL	5 0	211 99	211 99	0 00	211 99	0 00
Console and Speakers	11/93	SL	10 0	4,767 00	4,528 65	238 35	4,767 00	0 00
Reel to Reel	5/93	SL	5 0	740 94	740 94	0 00	740 94	0 00
DAT Recorder	6/95	SL	5 0	800 00	800 00	0 00	800 00	0 00
Microphones	6/96	SL	5 0	731 40	731 40	0 00	731 40	0 00
Light Console	9/96	SL	5 0	2,468 33	2,468 33	0 00	2,468 33	0 00
Equipment	7/97	SL	5 0	2,379 70	2,379 70	0 00	2,379 70	0 00
Equipment	8/00	SL	5 0	2,381 33	873 16	476 27	1,349 43	1,031 90
Air Conditioning	5/02	SL	10 0	4,835 00	80 58	483 50	564 08	4,270 92
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
							0 00	0 00
TOTALS				228,192 77	221,691 83	1,198 12	222,889 95	5,302 82