

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)

2003

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 2003 calendar year, or tax year beginning 07-01, 2003, and ending 06-30, 2004

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

C Name of organization: SURFSIDE PLAYERS, INC.
D Employer identification number: 59-6152354
E Telephone number
F Accounting method: Cash

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?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch. B

G Website:

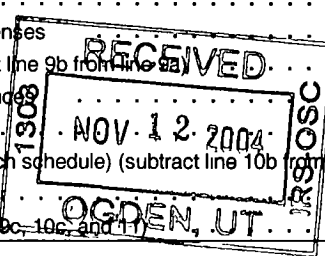
J Organization type (check only one) 501(c)3

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 139,182

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for revenue and expenses. Includes sub-rows for public support, program revenue, membership dues, interest, dividends, rents, sales of assets, special events, and inventory. Total revenue is 139,182 and total expenses is 153,306.



SCANNED NOV 17 '04

Part II Statement of Functional Expenses

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

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			
b	OPERATION OF COMMUNITY	43b	153,306	153,306	
c	THEATER	43c			
d	_____	43d			
e	_____	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	153,306	153,306	

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 25 of the instructions)

What is the organization's primary exempt purpose? _____

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	_____	(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	Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>		

Part IV Balance Sheets (See page 25 of 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		
A s s e t s	45	Cash - non-interest-bearing	2,256	45	3,014	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	9,956			
	b	Less: allowance for doubtful accounts		7,102	47c	9,956
	48 a	Pledges receivable				
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a	Investments - land, buildings, and equipment basis	228,193			
	b	Less: accumulated depreciation (attach schedule)	223,850	5,303	55c	4,343
56	Investments - other (attach schedule)			56		
57 a	Land, buildings, and equipment, basis					
b	Less: accumulated depreciation (attach schedule)			57c		
58	Other assets (describe _____)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)	14,661	59	17,313		
L i a b i l i t i e s	60	Accounts payable and accrued expenses	16,754	60	16,531	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	5,000	63	22,000	
	64 a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe _____)			65	
66	Total liabilities (add lines 60 through 65)	21,754	66	38,531		
N e t A s s e t s o f F u n d 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					
	70	Capital stock, trust principal, or current funds	40,000	70	40,000	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds	(47,093)	72	(61,218)	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	(7,093)	73	(21,218)		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	14,661	74	17,313		

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

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

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

a Total revenue, gains, and other support per audited financial statements . . . ▶ **a** 139,182

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**

c Line **a** minus line **b** ▶ **c** 139,182

d 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) . . . ▶ **d**

e Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e** 139,182

a Total expenses and losses per audited financial statements ▶ **a** 153,306

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**

c Line **a** minus line **b** ▶ **c** 153,306

d 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) . . . ▶ **d**

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e** 153,306

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
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 28 of the instructions.

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and 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?		
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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 <input type="checkbox"/>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		
91	The books are in care of <input type="checkbox"/> MARILYN A RIGERMAN Telephone no <input type="checkbox"/> Located at <input type="checkbox"/> COCOA BEACH FLORIDA ZIP + 4 <input type="checkbox"/> 32931		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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 _____					
b OPERATION OF COMMUNITY					139,182
c THEATER					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					139,182
105 Total (add line 104, columns (B), (D), and (E))					139,182

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103B	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 34 of the instructions.)

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein 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: *Mari Lynn Riger*

Type or print name and title: **Mari Lynn A. Riger**

Paid Preparer's Use Only

Preparer's signature: *Mari Lynn Riger*

Firm's name (or yours if self-employed) address, and ZIP + 4: **MARI LYN 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

2003

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

Employer identification number

SURFSIDE PLAYERS, INC.

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
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) 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.		X
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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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

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

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,870	4,732	4,548	482	12,632
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	125,173	111,357	109,953	120,557	467,040
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	12	93	17	15	137
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	128,055	116,182	114,518	121,054	479,809
24 Line 23 minus line 17	2,882	4,825	4,565	497	12,769
25 Enter 1% of line 23	1,281	1,162	1,145	1,211	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a
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 1999 through 2002 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
d Add Amounts from column (e) for lines 18 19 22 26b	26d
e Public support (line 26c minus line 26d total)	26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f %

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

(2002) _____ (2001) _____ (2000) _____ (1999) _____

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

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add. Amounts from column (e) for lines 15 16 17 20 21	15 12,632 16 _____ 17 467,040 20 _____ 21 _____	27c	479,672
d Add Line 27a total and line 27b total		27d	
e Public support (line 27c total minus line 27d total)		27e	479,672
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	479,809	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g		99.97%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h		0.03%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

m4-6

Surfside Players, Inc.
Statement of Operation
For Twelve Months Ending June 30, 2004

Income	Receipts	Transfer	Expense	Total
Season Tickets	\$ 17,026 00	\$ (14,100.00)		\$ 2,926 00
Membership	75 00			75 00
Gift Certificates	78.00			78.00
Vending/Bar	4,043 35			4,043.35
Lone Star Love Potion	3,273.50	2,340.00	3,901.43	1,712 07
Li'l Abner	10,555.00	3,180.00	9,204.46	4,530.54
Steel Magnolias	7,512 00	2,630.00	3,575 82	6,566.18
Evita	29,870.00	3,290.00	12,375.96	20,784.04
Move Over, Mrs Markham	4,619 00	2,660.00	3,733.58	3,545.42
Jekyll & Hyde	2,920 85		1,332 80	1,588.05
I Do, I Do	10,928 00		4,108.60	6,819.40
Bard On Broadway	1,808.00		450.00	1,358 00
Love Letters	2,558.00		1,028.22	1,529 78
Rocky Horror	5,331.00		1,237.50	4,093.50
Surfside Youth Players	11,199.50		8,832.98	2,366 52
SYP Show	798 00			798.00
Flapper	1,920.00		350.28	1,569.72
Outreach-Optimists	639.00		384.33	254.67
Summer I	2,062.50		2,020.00	42.50
Showstoppers 2004	1,555.00		32.50	1,522.50
Advertising Income	2,300.00		2,778 28	(478.28)
Donation	183 00			183.00
Northrup	1,000.00			1,000 00
Boeing	4,500.00			4,500 00
Bright House	1,000.00			1,000 00
Golf Tournament	3,100 00		1,691 66	1,408.34
State Grant	1,006.00			1,006 00
Xtra Dinner Cards	272.00		165.00	107.00
Wednesday/Friendsday	329 00		1,028.95	(699.95)
Band Bash	630 00		357 50	272.50
Surf Movie	950.00		25.00	925.00
Raffle	561 00			561.00
Sale	50 00			50 00
Yard Sale	686 25			686.25
Ornaments	126.00			126 00
Rental	590.00			590.00
Roof	3,120.62			3,120 62
Interest	6.28			6.28
Gross Profit	\$ 139,181.85	\$ 0 00	\$ 58,614.85	\$ 80,567.00
Deduct: Operating Expense				
Manager			\$ 20,800.08	
Assistant Manager			6,900.00	
Payroll Tax Expense			1,633.15	
Insurance			10,484.08	
Labor			8,200.00	
Water/Sewer			1,194.59	
Electric			11,094.62	
Telephone			2,543.15	
Maintenance			19,104.47	
Supplies			3,296.81	
Postage			242.32	
Grant Expense			865.41	
Membership			360.00	
Taxes, Licenses and Fees			186.25	
Time Share			755.90	
Computer			2,336.45	
Accounting			600.00	
Depreciation			959.77	

Office/Box Office Expense

3,134 21 \$ 94,691.26

Current Earnings

\$ (14,124 26)

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Surfside Players, Inc.
Balance Sheet

June 30, 2004

ASSETS

Current Assets

Bank of America	\$	2,863.94
Petty Cash		150.00
Prepaid-Always Patsy Cline		400.00
Prepaid-Dial M		649.73
Prepaid-Man Who Came to Dinner		1,222.46
Prepaid-West Side Story		3,510.50
Prepaid-Nuncracker		3,625.00
Prepaid-Plaza Suite		77.56
Prepaid-Tickets		470.41

Total Current Assets	\$	12,969.60

Fixes Assets

Building and Equipment	\$	228,192.77
Less: Accumulated Depreciation		223,849.71

	\$	4,343.06

Total Assets	\$	17,312.66
		=====

LIABILITIES AND FUND BALANCES

Liabilities

Payroll Taxes Payable	\$	671.50
Advance Tickets		9,974.00
Summer Program II		5,885.00
Notes Payable		22,000.00

Total Liabilities	\$	38,530.50

Fund Balances

Capital	\$	40,000.00
Retained Earnings	\$	(47,093.58)
Current Earnings	(14,124.26) · \$	(61,217.84)

Total Liabilities and Fund Balances	\$	17,312.66
		=====

DEPRECIATION SCHEDULE

Name Surfside Players, Inc.

Year Ending June 30, 2004

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	4,767.00	0 00	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	1,349.43	476.27	1,825.70	555.63
Air Conditioning	5/02	SL	10.0	4,835 00	564 08	483.50	1,047.58	3,787.42
							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	222,889.95	959 77	223,849.72	4,343.05