

Short Form Return of Organization Exempt From Income Tax

2013

Under section 501(c) 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014

B Check if applicable: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Single-member LLC <input type="checkbox"/> Multi-member LLC terminated <input type="checkbox"/> Multi-member LLC application pending	C Name of organization SURFSIDE PLAYERS, INC. Number and street (or P.O. box, if mail is not delivered to street address) and room, suite, etc. P. O. BOX 320053 City or town, state or province, country, and ZIP or foreign postal code COCOA BEACH, FL 32932-0053	D Employer identification number 59-6152354 E Telephone number F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: _____ **J** Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 104,241

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	104,241	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,241	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	121,376
	17 Total expenses. Add lines 10 through 16	17	121,376
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(17,135)
	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	17,135
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	

11

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTION OF COMMUNITY THEATRE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts optional for others)

Table with 3 columns: Description, Amount, Label. Rows 28-32 describe program service expenses and total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits contributions to employee benefit plans and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and row 46 marked with X in the No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes" complete Schedule C, Part II

Table with Yes/No columns and row 47 marked with X in the No column.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E

Table with Yes/No columns and row 48 marked with X in the No column.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns and row 49a marked with X in the No column.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and row 49b marked with X in the No column.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations that are nonexempt charitable trusts must attach a completed Schedule A

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.

Sign Here: Signature of officer (Marilyn A. Rigerman) and Type or print name and title (MARILYN RIGERMAN, TREASURER)

Paid Preparer Use Only: Preparer's name (MARILYN A RIGERMAN), Firm's name (M A RIGERMAN & ASSOCIATES), Firm's address (200 NORTH FIRST STREET, Cocoa Beach FL 32931)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization: **SURFSIDE PLAYERS, INC.** Employer identification number: **59-6152354**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h:
 a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	43,867	38,623	34,419	27,846	20,988	165,743
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	86,683	100,223	77,811	100,266	83,253	448,236
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	130,550	138,846	112,230	128,112	104,241	613,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						613,979

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	130,550	138,846	112,230	128,112	104,241	613,979
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	130,550	138,846	112,230	128,112	104,241	613,979

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

SURFSIDE PLAYERS, INC.

59-6152354

01. Description of other revenue (Part I, line 8)

Description	Amount
RECEIPTS	104,241

02. Description of other expenses (Part I, line 16)

Description	Amount
EXPENDITURES	121,376

Surfside Players, Inc
Balance Sheet
June 30, 2014

ASSETS

Current Assets

Florida Community Bank	\$	7,858 63
Petty Cash		300 00

Total Current Assets \$ 8,158 63

Fixed Assets

Building and Equipment	\$	231,341 77
Less Accumulated Depreciation		-230,961 14 \$ 380 63

Total Assets \$ 8,539 26

LIABILITIES AND FUND BALANCES

Liabilities

Notes Payable	\$	45,500 00
Prepaid Season Tickets		8,510 00
Youth		450 00
Due to Rich Reifsnyder		4,115 00

\$

Total Liabilities \$ 58,575 00

Fund Balances

	\$	40,000 00
Capital		\$ -72,900 65
Retained Earnings		-17,135 09 \$ -90,035 74 \$ -50,035 74

Total Liabilities and Fund Balances \$ 8,539 26

Surfside Players, Inc
Statement of Operation
For Twelve Months Ending June 30, 2014

	Annual Budget	Monthly Budget	Monthly Actual	Over (Under)	Year to Date Budget	Year to Date Actual	Over (Under)
REVENUE							
Season Tickets	10,000 00			0 00	0 00	8,140 00	-1,860 00
Cafe	8,000 00		326 83	326 83	0 00	8,010 61	10 61
Expense	3,500 00		99 11	99 11	0 00	2,227 63	-1,272 37
Advertising	1,000 00			0 00	0 00	100 00	-900 00
Expense	2,000 00			0 00	0 00	1,245 35	-754 65
Playwrights	1,000 00			0 00	0 00	0 00	-1,000 00
Youth Players	4,000 00		1,485 00	1,485 00	0 00	4,857 25	857 25
Expense	2,500 00		997 50	997 50	0 00	2,764 45	264 45
Macy's	0 00			0 00	0 00	115 00	115 00
Margaret Heins	2,000 00		173 28	173 28	0 00	2,173 28	173 28
Donations	3,500 00		300 00	300 00	0 00	4,474 50	974 50
Improv	0 00		705 00	705 00	0 00	2,680 00	2,680 00
Rental	1,000 00			0 00	0 00	360 00	-640 00
Playwrights Workshop	0 00			0 00	0 00	868 00	868 00
Show Receipts	92,500 00		1,170 00	1,170 00	0 00	72,462 50	-20,037 50
TOTAL REVENUES	123,000 00	0 00	4,160 11	4,160 11	0 00	104,241 14	-18,758 86
EXPENSES							
Five Women	6,500 00			0 00	0 00	8,921 00	2,421 00
Director	1,000 00			0 00	0 00	1,000 00	0 00
Technical	100 00			0 00	0 00	100 00	0 00
Stage Manager	100 00			0 00	0 00	100 00	0 00
Costumes	200 00			0 00	0 00	194 11	-5 89
Props/Set	200 00			0 00	0 00	208 88	8 88
Scripts/Royalties	800 00			0 00	0 00	747 00	-53 00
Advertising/Printing	1,500 00			0 00	0 00	1,694 20	194 20
Nunsense II	15,000 00			0 00	0 00	9,534 50	-5,465 50
Director	1,000 00			0 00	0 00	1,000 00	0 00
Choreographer	300 00		-150 00	-150 00	0 00	0 00	-300 00
Music/Musicians	2,500 00			0 00	0 00	2,500 00	0 00
Technical	200 00			0 00	0 00	450 00	250 00
Stage Manager	100 00			0 00	0 00	100 00	0 00
Costumes	200 00			0 00	0 00	152 02	-47 98
Props/Set	200 00			0 00	0 00	413 55	213 55
Scripts/Royalties	4,500 00			0 00	0 00	4,956 29	456 29
Advertising/Printing	1,500 00			0 00	0 00	1,042 78	-457 22
Rocky Horror	7,000 00			0 00	0 00	0 00	-7,000 00
Director	500 00			0 00	0 00	0 00	-500 00
Costumes	200 00			0 00	0 00	0 00	-200 00
Props/Set	200 00			0 00	0 00	0 00	-200 00
Scripts/Royalties	1,200 00			0 00	0 00	0 00	-1,200 00
Advertising/Printing	1,000 00			0 00	0 00	0 00	-1,000 00
Other	600 00			0 00	0 00	0 00	-600 00
Holiday Show				0 00	0 00	0 00	0 00
Director	300 00			0 00	0 00	300 00	0 00
Advertising/Printing	1,000 00			0 00	0 00	483 00	-517 00
Hello, Dolly	25,000 00			0 00	0 00	24,930 00	-70 00
Director	1,000 00			0 00	0 00	1,000 00	0 00
Choreographer	500 00			0 00	0 00	500 00	0 00
Music/Musicians	2,500 00			0 00	0 00	2,500 00	0 00

Technical	300 00		0 00	0 00	300 00	0 00	
Stage Manager	100 00		0 00	0 00	100 00	0 00	
Costumer	800 00		0 00	0 00	800 00	0 00	
Costumes	4,700 00		0 00	0 00	5,744 44	1,044 44	
Props/Set	1,000 00		0 00	0 00	1,587 84	587 84	
Scripts/Royalties	5 500 00		0 00	0 00	4,665 97	-834 03	
Advertising/Printing	1 500 00	-175 00	-175 00	0 00	4,308 96	2,808 96	
Love Letters	3,000 00		0 00	0 00	1,100 00	-1,900 00	
Director	500 00		0 00	0 00	500 00	0 00	
Scripts/Royalties	300 00		0 00	0 00	268 75	-31 25	
Advertising/Printing	1,000 00		0 00	0 00	244 00	-756 00	
To Kill A Mockingbir	15,000 00		0 00	0 00	15,816 00	816 00	
Director	1,000 00		0 00	0 00	1,000 00	0 00	
Technical	200 00		0 00	0 00	200 00	0 00	
Stage Manager	100 00		0 00	0 00	100 00	0 00	
Costumes	500 00		0 00	0 00	0 00	-500 00	
Props/Set	500 00		0 00	0 00	80 67	-419 33	
Scripts/Royalties	1,200 00		0 00	0 00	1,222 50	22 50	
Advertising/Printing	1,500 00		0 00	0 00	1,924 94	424 94	
Shout	20,000 00		0 00	0 00	10,971 00	-9,029 00	
Director	1,000 00		0 00	0 00	1,000 00	0 00	
Choreographer	500 00		0 00	0 00	500 00	0 00	
Music/Musicians	2,500 00		0 00	0 00	1,802 00	-698 00	
Technical	200 00		0 00	0 00	200 00	0 00	
Stage Manager	100 00		0 00	0 00	100 00	0 00	
Costumes	350 00		0 00	0 00	513 57	163 57	
Props/Set	200 00		0 00	0 00	368 92	168 92	
Scripts/Royalties	5,800 00	-318 55	-318 55	0 00	5,356 45	-443 55	
Advertising/Printing	1,500 00		0 00	0 00	2,026 15	526 15	
Playwriting Contest	1 000 00	1,170 00	1,170 00	0 00	1,190 00	190 00	
Director	300 00	300 00	300 00	0 00	300 00	0 00	
Props/Set	200 00	68 85	68 85	0 00	68 85	-131 15	
Scripts/ Royalties			0 00	0 00	0 00	0 00	
Advertising/Printing	1,000 00	483 20	483 20	0 00	1,124 55	124 55	
			0 00	0 00	0 00	0 00	
Technician	12,000 00	1,000 00	1,000 00	0 00	12,000 00	12,000 00	0 00
Insurance	8,000 00	666 67		-666 67	8,000 00	7,302 85	-697 15
Water/Sewer	2,200 00	183 33	154 19	-29 14	2,200 00	2,108 12	-91 88
Electric	8,000 00	666 67	659 22	-7 45	8,000 00	8,614 02	614 02
Telephone	5,000 00	416 67	459 71	43 04	5,000 00	5,194 58	194 58
Maintenance	15,000 00	1,250 00	1,392 94	142 94	15,000 00	15,560 06	560 06
Supplies	5,000 00	416 67	324 95	-91 72	5,000 00	3,611 64	-1,388 36
Memberships	400 00	33 33		-33 33	400 00	500 00	100 00
Office/Box Office	1,200 00	100 00	12 00	-88 00	1,200 00	1,394 18	194 18
Discounts	2,800 00	233 33	242 35	9 02	2,800 00	1,855 46	-944 54
Miscellaneous	1,000 00	83 33	478 25	394 92	1,000 00	1,147 50	147 50
TOTAL EXPENSES	126,350 00	5,050 00	6,028 72	978 72	60,600 00	121,376 23	-4,973 77
CURRENT EARNINGS	-3,350 00	-5,050 00	-1,868 61	3,181 39	-60,600 00	-17,135 09	-13,785 09
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