

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

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 2001 calendar year, or tax year beginning JUNE 01, 2001, and ending MAY 31, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: TITUSVILLE PLAYHOUSE, INC. D Employer identification number: 59-6177447. E Telephone number: 321-268-3711. F Accounting method: Cash [X] Accrual.

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 [X]

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes [ ] No [ ] (If "No" attach a list. See instructions.)

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) [X] 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 12 241,781

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income (less expenses); 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including \$ of contributions reported on line 1a); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED JAN 23 2003

RECEIVED JAN 19 2003 IRS OSC

2

**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 Specific Instructions on page 21.)

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 \$ _____)					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	25,132		25,132		
26	Other salaries and wages	40,529		40,529		
27	Pension plan contributions	0				
28	Other employee benefits	0				
29	Payroll taxes	5,301		5,301		
30	Professional fundraising fees	0				
31	Accounting fees	2,896		2,896		
32	Legal fees	0				
33	Supplies	0				
34	Telephone	3,250		3,250		
35	Postage and shipping	6,089	451	5,638		
36	Occupancy	0				
37	Equipment rental and maintenance	9,589		9,589		
38	Printing and publications	4,050	1,271	2,779		
39	Travel	80		80		
40	Conferences, conventions, and meetings	0				
41	Interest	3,616		3,616		
42	Depreciation, depletion, etc (attach schedule)	19,719		19,719		
43	Other expenses not covered above (itemize) a _____	43a	0			
	b SCHEDULE ATTACHED	43b	135,853	71,061	64,792	
	c _____	43c	0			
	d _____	43d	0			
	e _____	43e	0			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	256,104	72,783	183,321	0

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 Specific Instructions on page 24)**

What is the organization's primary exempt purpose? **LIVE THEATRICAL PERFORMANCES & EDUCATION**

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	PRODUCTION OF LIVE THEATRICAL PRODUCTIONS FOR A TOTAL OF 81 PERFORMANCES OF LIVE PLAYS WITH 14322 AUDIENCE MEMBERS AND APPROXIMATELY 1131 PARTICIPANTS AND VOLUNTEERS (Grants and allocations \$ _____)	30,681
b	PROGRAM ADVERTISING - SALE OF SPACE IN PRODUCTION PROGRAMS TO HELP RAISE FUNDS TO COVER THE PREPARATION OF THE PROGRAMS (Grants and allocations \$ _____)	1,271
c	SALE OF BEVERAGES AND SNACKS DURING THE LIVE PERFORMANCES FOR THE BENEFIT AND COMFORT OF THE PATRONS ALSO TO HELP RAISE FUNDS TO FURTHER BENEFIT THE EXEMPT PURPOSE OF THE CORPORATION (Grants and allocations \$ _____)	8,393
d	ADULT CLASSES, RISING STARS, CHILDRENS THEATRE AND JR PLAYERS WORKSHOPS DESIGNED TO EDUCATE ADULTS, CHILDREN AND YOUNG ADULTS ABOUT ARTISTIC AND TECHNICAL THEATRE THERE WERE 64 WORKSHOPS, 3 CAMPS, 12 PERFORMANCES, 3389 ATTENDEES AND 687 PARTICIPANTS (Grants and allocations \$ _____)	32,438
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)	72,783

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash - non-interest-bearing . . . . .	5,860	45	8,493	
46	Savings and temporary cash investments . . . . .	7,335	46	4,250	
47a	Accounts receivable . . . . .	47a			374
b	Less allowance for doubtful accounts . . . . .	47b		940	47c
					374
48a	Pledges receivable . . . . .	48a			
b	Less allowance for doubtful accounts . . . . .	48b		48c	0
49	Grants receivable . . . . .		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
51a	Other notes and loans receivable (attach schedule) . . . . .	51a			
b	Less allowance for doubtful accounts . . . . .	51b		51c	0
52	Inventories for sale or use . . . . .		52		
53	Prepaid expenses and deferred charges . . . . .	6,111	53	11,873	
54	Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55a	Investments - land, buildings, and equipment basis . . . . .	55a			
b	Less accumulated depreciation (attach schedule) . . . . .	55b		55c	0
56	Investments - other (attach schedule) . . . . .		56		
57a	Land, buildings, and equipment basis . . . . .	57a			745,379
b	Less accumulated depreciation (attach schedule) . . . . .	57b		362,806	57c
					348,635
58	Other assets (describe <input type="checkbox"/> UTILITY DEPOSITS ) . . . . .	299	58	299	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	383,351	59	373,924	
60	Accounts payable and accrued expenses . . . . .	5,730	60	10,190	
61	Grants payable . . . . .		61		
62	Deferred revenue . . . . .	16,252	62	28,201	
63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
b	Mortgages and other notes payable (attach schedule) . . . . .	43,190	64b	41,042	
65	Other liabilities (describe <input type="checkbox"/> ) . . . . .		65		
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	65,172	66	79,433	
<b>Net Assets or Fund Balances</b>					
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted . . . . .	318,179	67	294,491	
68	Temporarily restricted . . . . .		68		
69	Permanently restricted . . . . .		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds . . . . .		70		
71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21). . . . .	318,179	73	294,491	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	383,351	74	373,924	

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 Specific Instructions, page 26)**

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

<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments . . \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants . . \$ _____</p> <p>(4) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 0</p> <p><b>c</b> Line a minus line b . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . \$ _____</p> <p>(2) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> 0</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ <b>e</b> 0</p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 0</p> <p><b>c</b> Line a minus line b . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a.</p> <p>(1) Investment expenses not included on line 6b, Form 990 . \$ _____</p> <p>(2) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> 0</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ <b>e</b> 0</p>
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**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)**

(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
NANCY WOLFORD	PRESIDENT			
4907 CURADOC CIR TITUSVILLE FL	4 HRS	0	0	0
ANDY BOYD	VP PLAN			
2870 DUTTON DR TITUSVILLE, FL	4 HRS	0	0	0
NINA NICOLAISEN	TREASURER			
3749 OAK HILL DR TITUSVILLE FL	4 HRS	0	0	0
ANDREW VILLAIN	VP PROD			
4150 SHERWOOD DR TITUSVILLE GL	4 HRS	0	0	0
MARY ANN JAMESON	SECRETARY			
4030 INDIAN RIVER DR COCOA FL	4 HRS	0	0	0
RUSS BAUSCH	DIRECTOR			
4145 POLARIS AVE TITUSVILLE FL	2 HRS	0	0	0
VICKI CHEEK	DIRECTOR			
4614 ROSEBUD ST COCOA, FL	2 HRS	0	0	0
LYNNE LIBRIZZI	DIRECTOR			
3825 HICKORY HILL BLVD TITUSVILLE FL	2 HRS	0	0	0
KEN JOSEPH	DIRECTOR			
4607 ZOLTAN DR TITIUSVILLE FL	2 HRS	0	0	0
SCHEDULE ATTACHED				

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 Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
81a Enter direct or indirect political expenditure
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?
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
87 501(c)(12) orgs Enter a Gross income from members or shareholders
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?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 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?
90a List the states with which a copy of this return is filed
91 The books are in care of
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 Specific Instructions on page 32.)**

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 LIVE THEATRICAL PERF					107,210
b PROGRAM ADVERTISING					5,465
c HOSPITALITY-PERFORMANCE					13,294
d RISING STARS & ADULT CLA					16,600
e CHILDRENS THEATRE					22,283
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			01	6,250	
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			01	7,332	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS INCOME			01	994	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		14,591	164,852
105 Total (add line 104, columns (B), (D), and (E))					179,443

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 Specific Instructions on page 32.)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	LIVE THEATRE PERFORMANCES ARE THE PRIMARY METHOD OF ACCOMPLISHING OUR EXEMPT PURP
93b	INCOME FROM THE PROGRAM ADVERTISING HELPS TO PAY FOR THE PROGRAMS GIVEN TO THE PATR
93c	SALE OF BEVERAGES & SNACKS IS FOR THE BENEFIT OF THE PATRONS
93d&e	PROGRAMS ARE DESIGNED TO TRAIN FUTURE THEATRE PERFORMERS & TECHNICIANS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)**

(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 Specific Instructions on page 33.)**

- (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 and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: *Stacy Johnson*

Type or print name and title: Stacy Johnson

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**Paid Preparer's Use Only**

Preparer's signature: *Ann K Roberson*

Firm's name (or yours if self-employed), address, and ZIP + 4: ANN K ROBERSON CPA  
621 ALOHA AVENUE  
COCOA, FL 32927-8713

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

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

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

TITUSVILLE PLAYHOUSE, INC

59-6177447

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

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

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, compensation, and grants.

Note 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

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
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state, or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b A community trust
12 X 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
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)

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	32,352	36,947	25,218	29,844	124,361
16 Membership fees received	1,050	725	980	1,005	3,760
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	175,113	163,504	140,892	137,868	617,377
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	7,041	4,939	2,224	978	15,182
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	5,156	34,098	6,162	7,485	52,901
23 Total of lines 15 through 22	220,712	240,213	175,476	177,180	813,581
24 Line 23 minus line 17	45,599	76,709	34,584	39,312	196,204
25 Enter 1% of line 23	2,207	2,402	1,755	1,772	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
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 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines	18 N/A	19 N/A			26d N/A
	22 N/A	26b N/A			26e N/A
e Public support (line 26c minus line 26d total)					26f N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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				
	(2000) 0	(1999) 0	(1998) 0	(1997) 0	0
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					
	(2000) 0	(1999) 1,567	(1998) 669	(1997) 3,093	
c Add Amounts from column (e) for lines	15 124,361	16 3,760			
	17 617,377	20 0	21 0		
d Add Line 27a total	0	and line 27b total	5,329		
e Public support (line 27c total minus line 27d total)					27e 740,169
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 813,581
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 90.9766 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.8660 %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
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<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
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<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
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<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check  **a** if the organization belongs to an affiliated group
- Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>			
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>			
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0	0	
<b>39</b> Other exempt purpose expenditures	<b>39</b>			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0	0	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -      The lobbying nontaxable amount is -				
Not over \$500,000      20% of the amount on line 40	}			
Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000		<b>41</b>		
Over \$1,500,000 but not over \$17,000,000      \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000      \$1,000,000				
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0	0	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0	0	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0	0	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶					
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h)			0

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



TITUSVILLE PLAYHOUSE, INC. 59-6177447

2001 FORM 990

05/31/2002

SUPPORTING SCHEDULES

PAGE 1, PART I - STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

LINE 1 - CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED

(LIST MONEY, SECURITIES, OR PROPERTY WORTH \$5000 OR MORE)

CONTRIBUTORS' NAME AND ADDRESS	AMOUNT RECEIVED	DATE RECEIVED
	11499	C
	8406	C
	8265	C
	<u>5000</u>	
	<u><u>33170</u></u>	

PAGE 2, PART II - STATEMENT OF FUNCTIONAL EXPENSES

LINE 42, DEPRECIATION

DESCRIPTION	BASIS	METHOD	LIFE	CURRENT DEPRN	179 ACCUM EXPENSE	DEPRN
LAND	22459		0	0	0	0
BUILDING	390000	SL		40	9750	0 175500
BUILDING IMPROVEMENTS	198234	SL	VAR		5798	0 107038
THEATRE EQUIPMENT	114559	SL	VAR		3312	0 95858
OFFICE FURN & EQUIPMENT	20127	SL	VAR		859	0 18348
	<u>745379</u>				<u>19719</u>	<u>396744</u>

TITUSVILLE PLAYHOUSE, INC. 59-6177447

2001 FORM 990

05/31/02

SUPPORTING SCHEDULES

PAGE 2, PART II, STATEMENT OF FUNCTIONAL EXPENSES

LINE 43, OTHER EXPENSES

TOTAL PROGRAM MANAGEMENT  
SERVICES & GENERAL

	TOTAL	PROGRAM MANAGEMENT	SERVICES & GENERAL
SCRIPTS AND ROYALTIES	15509	15509	0
TICKETS	984	984	0
SETS & PROPS	748	748	0
COSTUMES	484	484	0
MAKE-UP & HAIR	72	72	0
LIGHTS & SOUND	40	40	0
SMALL EQUIPMENT	334	334	0
COSTS-ATTIC SERIES	0	0	0
MISC OTHER PRODUCTION	1268	1268	0
MUSICAL TRACT & PRODUCTION	2850	2850	0
ADVERTISING & PROMOTION	11022	7918	3104
BANK CHARGES	3876	0	3876
DUES & SUBSCRIPTIONS	1279	0	1279
HOSPITALITY	7942	7942	0
HOSPITALITY CREWS	451	451	0
RISING STARS & ADULT CLASSES	14503	14503	0
CHILDRENS THEATRE CLASS EXP	17935	17935	0
INSURANCE	18912	0	18912
JANITORIAL EXPENSE & SUPPLIES	4669	0	4669
LICENSES	725	0	725
MISCELLANEOUS EXPENSES	366	0	366
MOTIVATIONAL EXPENSES	1371	0	1371
OFFICE SUPPLIES & EXPENSE	2272	0	2272
REPAIRS & MAINTENANCE	6880	0	6880
SALES TAXES	1808	0	1808
PROPERTY TAXES	377	0	377
OTHER TAXES	365	0	365
BEVERAGE SURCHARGE	0	0	0
UTILITIES	18788	0	18788
COSTS - PRIOR YEAR	23	23	0
	135853	71061	64792

TITUSVILLE PLAYHOUSE, INC. 59-6177447  
 2001 FORM 990  
 05/31/2002  
 SUPPORTING SCHEDULES

PAGE 3, PART IV, BALANCE SHEET

LINE 57 a & b, LAND, BUILDINGS & EQUIPMENT

DESCRIPTION	BASIS	ACCUM DEPRN	BOOK VALUE
LAND	22459	0	22459
BUILDING	390000	175500	214500
BUILDING IMPROVEMENTS	198234	107038	91196
THEATRE EQUIPMENT	114559	95858	18701
OFFICE FURN & EQUIPMENT	20127	18348	1779
			0
	<u>745379</u>	<u>396744</u>	<u>348635</u>

LINE 62, DEFERRED REVENUE

SEASON SUBSCRIPTIONS	12234
CHILDRENS THEATRE CLASSES & DRAMA CAMP	2531
RISING STARS DRAMA CAMP	5166
SPONSORS & CONTRIBUTIONS	5148
2002-2003 RENTALS	900
2002-2003 FUND RAISING	1500
2002-2003 PRODUCTIONS	722
	<u>28201</u>

LINE 64b, MORTGAGES AND OTHER NOTES PAYABLE

	ORIGINAL AMOUNT	BALANCE DUE	DATE OF NOTE	MATURITY DATE
CITY OF TITUSVILLE	75000	15549	03/01/1985	DEMAND
COLONIAL BANK FKA PRIME BANK	50000	22523	01/20/1998	01/20/2003
MISC LOANS	5370	2970	VARIOUS	DEMAND
	<u>130370</u>	<u>41042</u>		

TITUSVILLE PLAYHOUSE, INC. 59-6177447

2001 FORM 990

05/31/2002

SUPPORTING SCHEDULES

PAGE 4, PART V, LISTS OF OFFICERS, DIRECTORS AND KEY EMPLOYEES

(A) NAME AND ADDRESS	(B) TITLE AND AVERAGE HOURS	(C) COMPENSATION	(D) CONTRIBUTIONS TO EMPL BENEFIT PLANS & DEFERRED COMPENSATION	(E) EXPENSE ACCOUNT
(CONTINUED)				
CLAUDIA THOMAS	DIRECTOR			
6940 HUDRED ACRE DRIVE	2	0	0	0
COCOA, FL				
BRUCE WAUGH	DIRECTOR			
1459 BROOK DRIVE	2	0	0	0
COCOA, FL				
STACY E JOHNSON	EXECUTIVE			
300 COLUMBIA DR #1305	DIRECTOR			
CAPE CANAVERAL, FL	40	25132	0	0
N MARGARET DAVENPORT	TECHNICAL			
2006 CLIFTON COURT	DIRECTOR			
TITUSVILLE FL	40	28767	0	0



Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>TITUSVILLE PLAYHOUSE, INC</b>	Employer identification number <b>59-6177447</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>301 JULIA STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TITUSVILLE, FL 32796-3520</b>	

### Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until JANUARY 15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUNE 1, 2001, and ending MAY 31, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶ *Ann K. Powers* Title ▶ CPA Date ▶ 10/14/2002

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)