

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning Jun 1, 2002, and ending May 31, 2003

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

C Name of organization: ZEITERION THEATRE, INC. Number street (or P O box if mail is not delivered to street addr) Room/suite: PO BOX 4084, 684 PURCHASE ST. City town or country: NEW BEDFORD. State: MA. ZIP code + 4: 02740

D Employer identification Number: 04-2845276. E Telephone number: (508) 997-5664. F Accounting method: Cash [X] Accrual [] Other (specify) []

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 [X]. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No []

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.

I Enter 4 digit GEN

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,106,027

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

Table with columns for line number, description, and amount. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8c), Special events (9), Gross sales of inventory (10), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

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EXPLANATIONS

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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

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 (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	50,000	20,000	20,000	10,000
26	Other salaries and wages	180,784	81,545	76,929	22,310
27	Pension plan contributions				
28	Other employee benefits	28,041	12,338	3,926	11,777
29	Payroll taxes	18,962	8,343	2,655	7,964
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	509	224	71	214
34	Telephone	4,423	1,946	619	1,858
35	Postage and shipping	4,200	1,848	588	1,764
36	Occupancy	35,424	15,587	4,959	14,878
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	5,630	2,477	788	2,365
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	concession costs	13,125	13,125	0	0
b	direct show costs	429,928	429,928	0	0
c	admin expenses	234,234	115,281	116,429	2,524
d	fundraising expense	29,115	0	0	29,115
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	1,034,375	702,642	226,964	104,769

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

What is the organization's primary exempt purpose? **TO OFFER EDUCATIONAL & CULTURAL ENTERTAINMENT BY PROMOTION & PRESENT**
 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a	TO OFFER EDUCATIONAL AND CULTURAL ENTERTAINMENT BY PROMOTION AND PRESENTATION OF THE PERFORMING ARTS	(Grants and allocations \$ 0)	702,642
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		702,642

Part IV Balance Sheets (See Instructions)

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash – non interest bearing		38,494	45	36,612
	46	Savings and temporary cash investments			46	
	47a	47a	16,507			
		47b	394	8,291	47c	16,113
	48a	48a				
		48b			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a				
		51b			51c	
	52	Inventories for sale or use		0	52	0
	53	Prepaid expenses and deferred charges		17,540	53	6,589
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	55a				
	55b			55c		
56	Investments – other (attach schedule)			56		
57a	57a	740,871				
	57b	268,367	403,478	57c	472,504	
58	Other assets (describe <input type="checkbox"/> Deposits)		500	58	500	
59	Total assets (add lines 45 through 58) (must equal line 74)		468,303	59	532,318	
LIABILITIES	60	Accounts payable and accrued expenses		27,136	60	46,858
	61	Grants payable			61	
	62	Deferred revenue		88,930	62	66,571
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64a	
		64b		27,690	64b	22,690
	65	Other liabilities (describe <input type="checkbox"/>)			65	
66	Total liabilities (add lines 60 through 65)		143,756	66	136,119	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		54,745	67	50,987
	68	Temporarily restricted		269,802	68	345,212
	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	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)		324,547	73	396,199
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		468,303	74	532,318

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See 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	1,145,402
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		39,375
(3)	Recoveries of prior year grants		
(4)	Other (specify)		

	Add amounts on lines (1) through (4)	b	39,375
c	Line a minus line b	c	1,106,027
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	1,106,027

a	Total expenses and losses per audited financial statements	a	1,073,750
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		39,375
(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	39,375
c	Line a minus line b	c	1,034,375
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	1,034,375

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
CHRISTOPHER J LEBLANC 155 W MORGAN ST NEW BEDFORD, MA	EXEC DIRECTOR 40	50,000	0	0
SEE ATTACHED LIST		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 instructions

Part VII Analysis of Income-Producing Activities (See 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 Ticket sales singles					640,514
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	299	
96 Dividends & 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 pers prop					
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 Other show income					63,523
c rounding					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				299	704,037
105 Total (add line 104, columns (B), (D), and (E))					704,336

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 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)
93	Ticket sales & rental income are the main sources of eincome and are used to promote the Zeiterion's purpose of providing educational and cultural entertainment

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If Yes to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 9/15/03
 Preparer's name T CLERK
 Preparer's SSN or PTIN (see General Instruction W)

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

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ZEITERION THEATRE INC

Employer identification number

04-2845276

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
Christopher J LeBlanc	Exec Dir 40	50,000	0	0
Total number of other employees paid over \$50,000	▶ none			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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	▶ none	

Part III Statements About Activities (See 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 1 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.)		X
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

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 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)
 - 11 a 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)
 - 11 b 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 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 instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	300,433	366,550	286,012	334,446	1,287,441
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	732,659	598,855	603,418	449,188	2,384,120
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	841	406	514	1,132	2,893
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.	63,235	74,964	70,325	6,991	215,515
23 Total of lines 15 through 22	1,097,168	1,040,775	960,269	791,757	3,889,969
24 Line 23 minus line 17	364,509	441,920	356,851	342,569	1,505,849
25 Enter 1% of line 23	10,972	10,408	9,603	7,918	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 30,117
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,505,849
d Add: Amounts from column (e) for lines 18 <u>2,893</u> 19 _____					26d 218,408
22 <u>215,515</u> 26b _____					
e Public support (line 26c minus line 26d total)					26e 1,287,441
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.50%
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.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	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?		
30	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?		
31	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) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered Yes to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 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 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	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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

OFFICERS AND DIRECTORS OF THE ZEITERION THEATRE

President – Michael Franco
1st Vice President – Mitch Machado
2nd Vice President – Mary Louise Nunes
Treasurer – Gabe Souza
Clerk – Arthur Bennett

Class of 2003

1 Arthur Bennett
2 Kathy Castro
3 Jean Dumas
4 Michael Franco
5 Jane Shapira
6 Barbara Warburton
7 Richard Waring
8
9

Class of 2004

1 Deborah Baker
2 Pamela Brown
3 Norma Lord
4 Mitch Machado
5 Rosemary Rebello
6 Gabe Souza
7 Adam Bradshaw
8 John Gomber
9.

Class of 2005

1 Gary Alves
2 Claire Bessette
3 Barbara Breen-Saint Aubin
4 Adele Daly
5 Mary Louise Nunes
6 Richard Reid
7 Martin Wood
8
9

ZEITERION THEATRE, INC
BOARD ADDRESSES
As of January 10, 2003

Home

Office

Dr Gary Alves
Golf

3 Pierce Way
East Freetown, MA 02717

2834 Acushnet Avenue
New Bedford, MA 02745

Deborah A. Baker
Nominating

*29 Water Street
South Dartmouth, MA 02748
*508-996-8784
ddbaker@artbi.com

Baker Books- co-owner
69 State Road
North Dartmouth, MA 02747
508-997-6700
508-994-1785 fax

Arthur Bennett
Clerk, Nominating,
Executive, Building

18 Centre Street
New Bedford, MA 02740
508-996-9130
abennett18@artbi.com

Retired English teacher

Claire Besette

86 R Aucoot Road
Mattapoisett, MA 02739
508-758-2602

Retired music teacher- President,
Classical Music Series

Adam Bradshaw
Golf

adam_bradshaw@acushnetgolf.com

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508-979-3917 fax

Barbara Breen-Saint Aubin
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Classical Music Series treasurer

Dr Pamela Brown
Events

pamela-brown@artbi.com

Psychologist
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New Bedford, MA 02740
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508-984-1492 fax

Kathleen B Castro
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Box 3593 - 909 High Street
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508-677-0590
kcastro@newbedford.k12.ma.us

New Bedford Public Schools
New Bedford, MA 02740
508-997-4511, ext 3394

Adele Daley

8 Watervine Lane
Mattapoisett, MA 02739
508-758-8981

Jean K Dumas
Events, Golf

93 Orleans Street
New Bedford, MA 02745
508-995-1708
jean93@webtv.net

Retired medical office receptionist

Michael Franco
President, Executive,
Building

24 Bells Brook Road
Lakeville, MA 02347-2202
roberson1@rcn.com

*Law Offices of Beauregard & Burke
32 William Street - Box 952
New Bedford, MA 02741
*508-993-0333

John Gomber Building	4 Captain John Smith Circle Dartmouth, MA 02747 508-996-1746 john_gomber@nstaronline.com	508-990-2045 fax N-STAR
Norma J Lord, GRI Education, Golf	njlord@capecod.net	Lord & Associates P O Box 582 Marion, MA 02756-0010 508-748-5678 508-748-3248 fax
Edmond M Machado Chair - Education, 1st Vice President, Executive	2097 Highland Avenue Fall River, MA 02720 508-672-3361 e_machado@msn.com	Retired Chair Music Dept. Fall River Public Schools
Mary Louise Nunes - CPA Finance, Assistant Treasurer, Executive	34 Howland Street Dartmouth, MA 02747 mncpa@aol.com	*150 Eighth Street New Bedford, MA 02740 *508-990-0008 508-997-6801 fax
Rosemary F Rebello Events	*20 School Street South Dartmouth MA 02748 *508-994-9313	Compass Bank - Branch Manager 58 County Street New Bedford MA 02744 508-984-6235 508-984-6238 fax
Rev Richard Reid	2 Boxwood Drive Dartmouth, MA 02747 508-997-6648	
Jane Shapira Executive, Events	6 Bonneau Court South Dartmouth, MA 02748 508-994-1461	Social-based clinician Child & Family Services
Gabriel P Souza Treasurer, Executive, Building	*Three Adams Avenue Assonet, MA 02720 508-644-2636 gsouza164@attbi.com	Polaroid Corporation- Finance Manager 100 Duchaine Blvd. New Bedford, MA 02745 *508-979-7900, ext 65220
Barbara J Wartburton Events, Golf	64 Anthony Street South Dartmouth, MA 02748 508-992-9403 bumpier@massmed.org	
Richard Waring Education, Personnel, Executive, Building	*573 Rockdale Avenue New Bedford, MA 02740 rwarig@umassd.edu	UMA SS Dartmouth Dir of Campus Center & Aud. Old Westport Road North Dartmouth, MA 02747 *508-999-8136, 999-8.35 voice 508-999-8130 fax
Martin Wood	13 Horseneck Road Dartmouth, MA 02748 508-999-8143	Wood Dev Limited Partnership General Partner P O Box 9252 Fall River, MA 02720 508-674-9222 508-656-6560 fax